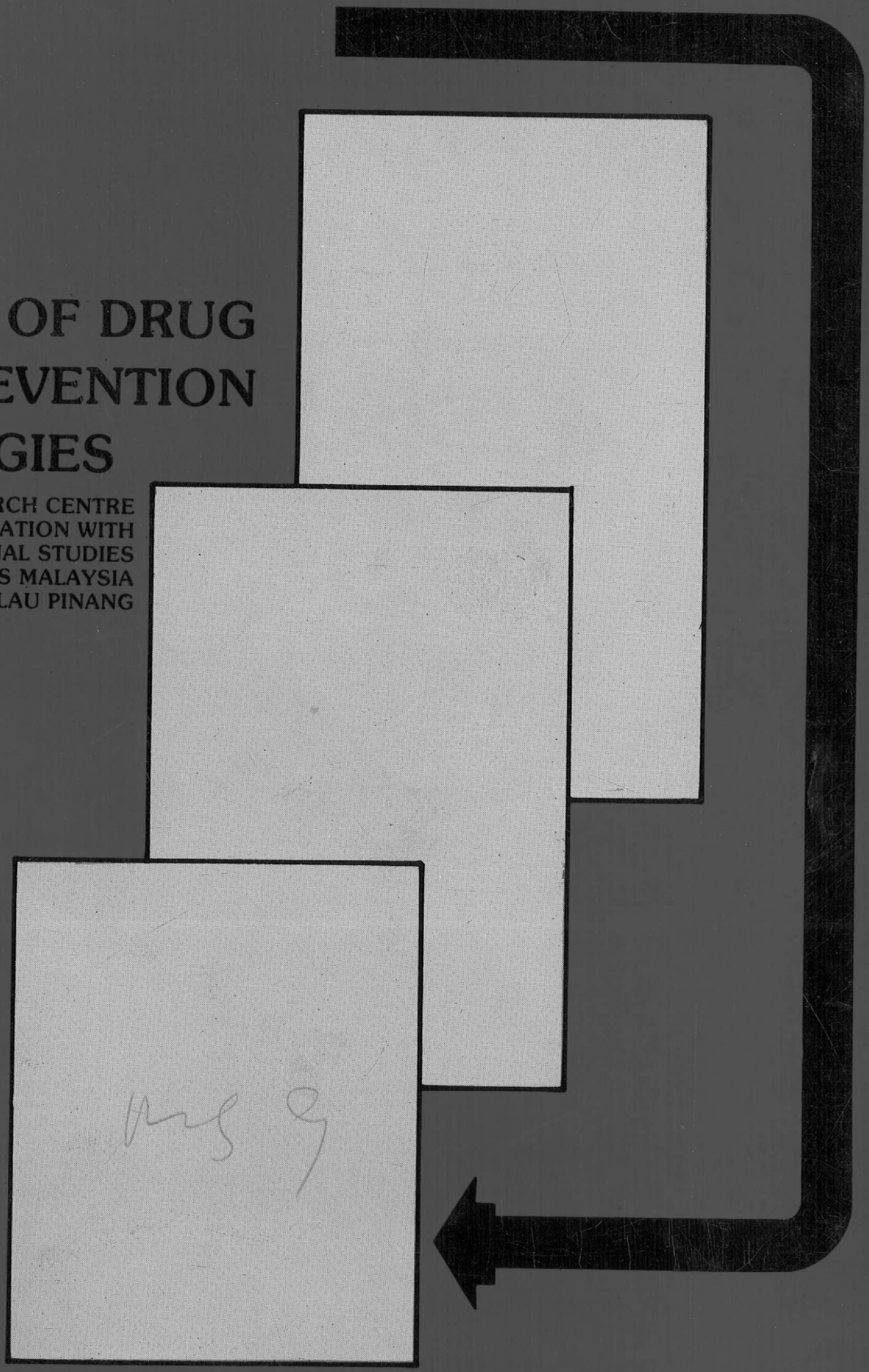
A SURVEY OF DRUG ABUSE PREVENTION STRATEGIES

NATIONAL DRUG RESEARCH CENTRE
IN COLLABORATION WITH
THE SCHOOL OF EDUCATIONAL STUDIES
UNIVERSITI SAINS MALAYSIA
MINDEN, PULAU PINANG



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A SURVEY OR DRUG ABUSE PREVENTION STRATEGIES

BY

CHOO PIANG FONG
MAZNAH ISMAIL
V. NAVARATNAM
HOO SEE KONG

NATIONAL DRUG RESEARCH CENTRE
in collaboration with
the School of Educational Studies
Universiti Sains Malaysia
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TINJAUAN AWAL TENTANG STRATEGI-STRATEGI MENCEGAH PENYALAHGUNAAN DADAH

Tinjauan ini bertujuan untuk mengadakan satu pandangan secara keseluruhan tentang pendekatan-pendekatan utama yang digunakan dalam pencegahan salahgunaan dadah, dengan maksud mengkaji perkaitan pendekatan-pendekatan ini dengan rancangan-rancangan anti-dadah di Malaysia dan negara-negara Asean.

Pada amnya, rancangan-rancangan anti-dadah dapat dilihat dari segi pengguna dadah, alam sekitar pengguna, dan penguatkuasaan dadah. Dari segi pengguna dadah, perbincangan dibuat dari paras kognitif dan afektif pengguna, manakala dari segi alam sekitar pengguna, perbincangan adalah termasuk suasana keluarga, rakan sebaya, suasana sekolah dan alam persekitaran masyarakat.

Secara teori, pendekatan-pendekatan yang ditinjau itu dapat dibahagikan kepada tiga jenis, iaitu pendekatan pengetahuan/sikap, pendekatan nilai/pemutusan dan pendekatan kecekapan/kemahiran sosial. Untuk sesuatu pendekatan yang tertentu, terdapat beberapa strategi yang digunakan. Peninjauan strategi-strategi dijalankan dengan tumpuan ke atas cara-cara perlaksanaan dan keberkesanan strategi-strategi itu.

Untuk tinjauan ini, adalah sesuai dan berguna bagi kita membahagikan cadangan-cadangan dan syor-syor kepada dua kategori. Cadangan-cadangan dalam kategori pertama adalah berkaitan dengan pendekatan-pendekatan, strategi-strategi dan teknik-teknik yang dapat menyelesaikan atau mengurangkan sebahagian masalah salahguna dadah

yang timbul daripada pengguna dadah itu sendiri. Manakala cadangan-cadangan dalam kategori kedua adalah berkaitan dengan pendekatan-pendekatan, strategi-strategi dan teknik-teknik yang tertumpu kepada masalah salahguna dadah yang timbul dari alam persekitaran pengguna.

Untuk cadangan-cadangan dalam kategori pertama, tiga set cadangan-cadangan yang berkaitan dengan media massa, pendidikan dan latihan kemahiran/kecekapan akan dibincangkan.

Media Massa

- Media massa boleh digunakan dalam bentuk media "semulajadi" seperti iklan, hiburan dan warta berita, dan media terancang seperti kempen media. Media "semulajadi" secara relatifnya, berjaya meningkatkan paras pengetahuan penonton tetapi kurang berjaya secara amnya dalam mengubah sikap dan tingkahlaku penonton.

- Bagi remaja-remaja dan pemuda-pemudi, maksud yang terkandung dalam media "semulajadi" itu harus menekankan pada kesan yang serta-merta berlaku ke atas tubuh badan manusia akibat menggunakan dadah, oleh kerana golongan remaja dan pemuda lebih mementingkan diri mereka dan masa kini mereka. Manakala untuk orang dewasa, penerangan atau pesanan itu boleh menekankan ke atas akibat-akibat mengguna dadah kepada keluarga, masa hadapan mereka dan kepada negara.

- Sebagai langkah untuk memaksimakan keberkesanan kempen-kempen media, penerangan dan pesanan harus disampaikan oleh individu yang dikenali oleh penonton. Pada masa yang sama, sumber penerangan dan

pesanan itu mesti mempunyai kebenaran dan bermutu tinggi dari segi pengetahuan.

- Kandungan bagi kempen media harus disampaikan dengan rujukan minima kepada akibat yang menakutkan, tetapi dapat menimbulkan kesedaran dan perasaan gelisah. Selain daripada itu, kandungan ini harus mencadangkan aktiviti-aktiviti pilihan yang dapat dijalankan oleh penonton.

- Untuk memaksimakan keberkesanan kempen-kempen media, penonton-penonton harus diberikan pendedahan tambahan dalam bentuk perbincangan, ulasan atau laporan tentang kandungan kempen selepas menonton sesuatu kempen.

- Semua kempen-kempen media memerlukan rancangan yang cermat dan harus menggunakan keputusan/kesimpulan kajian dalam bidang kommunikasi.

Pendidikan

- Rancangan-rancangan anti-dadah dapat diperkenalkan ke dalam pendidikan samada secara formal atau tak formal. Untuk pendidikan formal, rancangan-rancangan ini boleh dicantumkan dengan sukatan pelajaran sekolah atau dengan aktiviti-aktiviti ko-kurikula. Untuk pendidikan yang tak formal, sekolah tidak dilibatkan secara langsung. Latihan untuk individu dalam kemahiran psikososial boleh ditawarkan oleh institusi-institusi yang lain.

- Pendekatan yang popular digunakan dalam pendidikan mencegah penyalahgunaan dadah secara formal adalah dengan memberi

pengetahuan dan kefahaman tentang komposisi dadah dan ubat-ubatan yang biasa dan kesan bahan-bahan ini ke atas tubuh badan manusia. Sebagai tambahan, dirasakan perlunya diberi pengetahuan dan kefahaman tentang isu-isu semasa dan haluan dalam salahguna dadah, polisi semasa yang menguasai salahguna dadah dan isu-isu lain yang berkenaan harus diberikan.

- Dalam sesuatu bilik darjah, pengetahuan mengenai dadah dan ubat-ubatan boleh disampaikan kepada pelajar-pelajar dengan berbagai jenis kaedah mengajar seperti kuliah, perbincangan, penggunan filem dan alat-alat pandang-dengar yang lain.

- Strategi yang berbagai jenis boleh digunakan dalam pendidikan mencegah penyalahgunaan dadah. Walau bagaimanapun, penggunaan taktik menakutkan tidak digalakkan.

- Walaupun keadaan ingin tahu, informasi dan konsep yang salah akan mengakibatkan seseorang itu menyalahgunakan dadah, satu lagi faktor yang penting yang menyebabkan penyalahgunaan dadah adalah berkaitan dengan sistem nilai individu. Proses penjelasan nilai bertujuan untuk mengurangkan masalah salahguna dadah yang disebabkan oleh faktor tersebut di atas.

- Secara teori, terdapat dua jenis pendekatan yang boleh digunakan dalam proses penjelasan nilai. Untuk pendekatan pertama, nilai-nilai, sikap dan kepercayaan yang diingini diajarkan kepada individu melalui pencontohan dan moralisasi. Untuk pendekatan kedua pula, teknik yang digunakan berdasarkan andaian bahawa

sesuatu set "nilai yang betul" tidak harus disalurkan kepada pelajar secara paksaan. Pelajar-pelajar digalakkan membuat penjelasan dan membina sesuatu set nilai oleh mereka sendiri.

- Satu lagi faktor yang menyebabkan masalah salahguna dadah ialah berkaitan dengan reaksi individu yang tidak sesuai terhadap keadaan kehidupan dan masalah harian. Dalam pendidikan salahguna dadah, strategi membuat keputusan bertujuan membina satu dasar yang kukuh untuk menolong pelajar-pelajar dalam mencapai keputusan yang sesuai apabila terjadi sesuatu keadaan yang ia diminta mencubakan dadah.

Latihan Kemahiran/Kecekapan

- Sebab utama ramai individu menyalahgunakan dadah adalah kerana individu itu kurang mempunyai kemahiran bidang psikososial.

- Dengan lebih khususnya, sebahagian individu menyalahgunakan dadah oleh kerana ketidaksanggupan mereka menghadapi desakan dan tekanan hidup untuk membina perhubungan peribadi yang memuaskan. Rancangan-rancangan yang berunsur untuk pembinaan kemahiran sosial dan kehidupan bertujuan mengurangkan masalah ini.

- Satu lapangan yang harus diberi perhatian adalah pengaruh kumpulan sebaya terhadap individu. Rancangan-rancangan dalam latihan sebaya menggunakan pengaruh kumpulan sebaya yang kuat ini secara membina untuk membantu individu-individu menjauhkan diri daripada menggunakan dadah.

- Banyak individu cuba menggunakan dadah oleh kerana mereka ingin mencari pengalaman, hiburan dan keseronokan yang baru.

Rancangan-rancangan yang dirancangkan untuk golongan individu ini bertujuan menyediakan aktiviti-aktiviti pilihan yang bermakna supaya golongan individu ini akan mengambil bahagian dalam aktiviti-aktiviti yang disediakan.

- Semasa menyediakan aktiviti-aktiviti pilihan untuk individu, perhatian mesti dibuat supaya aktiviti-aktiviti ini dapat memenuhi keperluan golongan individu tersebut. Tambahan pula, aktiviti-aktiviti ini harus berfaedah ataupun sekurang-kurangnya lebih kurang bahayanya apabila dibandingkan dengan penyalahgunaan dadah.

Untuk cadangan-cadangan dalam kategori kedua, empat set cadangan-cadangan iaitu yang berkaitan dengan suasana keluarga, kumpulan sebaya, suasana sekolah dan alam persekitaran masyarakat akan dibincangkan.

Suasana Keluarga

- Pada asasnya, terdapat dua lapangan yang telah diambil perhatian dalam suasana keluarga, iaitu kekurangan kemahiran ibubapa dan kekurangan kemahiran ahli-ahli keluarga untuk mengekalkan perhubungan keluarga yang memuaskan, terutamanya di antara ibubapa dan kanak-kanak.

- Kekurangan kemahiran-kemahiran yang diperlukan oleh ibubapa akan mengakibatkan individu menyalahgunakan dadah. Latihan kemahiran/kecekapan ibubapa diadakan untuk mengurangkan masalah-masalah ini.

- Bagi ibubapa yang tidak mempunyai masa atau yang tidak ingin mengambil bahagian dalam rancangan-rancangan latihan kemahiran ibubapa yang konvensional, rancangan-rancagan ini mesti disampaikan kepada ibubapa ini melalui media massa.

- Terdapat cadangan-cadangan bahawa pembangunan pembandaran yang meningkat akan membawa kesan menghancurkan keluarga sebagai satu unit. Akibatnya, perhubungan keluarga yang tidak memuaskan akan menyebabkan individu menggunakan dadah. Rancangan-rancangan yang menekankan kemahiran keluarga adalah bertujuan untuk mengurangkan masalah-masalah ini.

Kumpulan Sebaya

- Kesimpulan-kesimpulan dari kebanyakan kajian menunjukkan bahawa tekanan sebaya ke atas individu mempunyai pengaruh yang kuat terhadap tingkahlakunya.

- Walaupun pengaruhan tekanan sebaya selalunya dianggap kurang sihat berkaitan dengan penyalahgunaan dadah, tetapi ramai pendidik percaya bahawa pengaruh sebaya ini dapat digunakan secara membina untuk menahan individu daripada menyalahgunakan dadah.

- Kajian yang akan dijalankan pada masa yang akan datang harus menumpukan perhatian ke atas penentuan cara-cara yang khusus di mana pengaruh kumpulan sebaya boleh digunakan dalam pencegahan penyalahgunaan dadah.

Suasana Sekolah

- Satu aspek yang penting untuk suasana sekolah ialah kumpulan sebaya. Selain daripada itu, suasana sekolah dapat dipandang dari segi undang-undang, peraturan-peraturan, polisi-polisi dan aktiviti-aktiviti yang lain.

- Tanggapan-tanggapan pelajar tentang dasar sekolah atau polisi-polisi yang berkiatan dengan penyalahgunaan dadah mempunyai pengaruh yang penting terhadap tingkahlaku mereka. Dengan ini, dasar dan polisi sekolah haruslah jelas dan tidak meragu-ragukan pada fikiran pelajar-pelajar.

Alam Persekitaran Masyarakat

- Masyarakat harus cuba menanam semangat, sikap, nilai dan kepercayaan yang dapat menolong individu menjauhkan diri dari penyalahgunaan dadah.

- Ahli-ahli sains sosial percaya bahawa masalah-masalah sosial seperti perumahan yang mendesak, pembangunan pembandaran yang cepat dan kekurangan pekerjaan akan mengakibatkan masalah salahguna dadah. Rancangan-rancangan sosial haruslah dirancangkan khususnya untuk mengurangkan masalah ini.

A Preliminary Survey Of Drug Abuse Prevention Strategies

1.0 Introduction

The drug abuse problem began to take hold in Malaysia in 1969 and since then, the government has been involved in various measures to control the situation. These control measures broadly cover 4 sectors, namely:-

a. Law and Enforcement
b. Treatment and Rehabilitation
c. Education and Information
d. Research

In view of the seriousness and magnitude of the drug abuse problem, the Malaysian government, over the past years, has mostly concentrated its efforts on the treatment and rehabilitation sector. In 1976, a Ministerial Cabinet Committee on Drug Abuse Control was formed with the aim of looking into the needs to explore other preventive aspects of this problem (Navaratnam, 1981). It was then that the Ministry of Education, Malaysia, was entrusted with the formal school drug education programme.

Here, it is noted that the Malaysian Government recognises two major approaches in drug abuse prevention programmes. They are broadly:-

a. Treatment and Rehabilitation, and

b. Education and Prevention,

It is the concern of this paper to concentrate its discussion on the second approach i.e. education and prevention with the ultimate goal of helping prevent occurence of drug addiction.

2.0 Aim

The major aim of this paper is to provide an overview of several major approaches used in drug prevention with the purpose of examining their relevance to Malaysia and the Asean countries.

More specifically this paper will assist organisations and individuals interested in preventing drug abuse in four ways. Firstly, the paper will provide a theoretical and conceptual framework for research and discussion in this field. Secondly, a summary of the basic approaches and strategies commonly used in drug abuse prevention programmes will be provided. Thirdly, an attempt is made to evaluate the effectiveness of these approaches on the basis of research data. Lastly, recommendations and possible implications for Malaysia and the Asean countries will be discussed.

3.0 Basic Rationale/Philosophy of Drug Abuse Prevention

Conceptually it is possible to discuss drug abuse prevention programmes in relation to the drug user, his environment and the wider legal aspects related to drug control/taking. Each of these aspects represents a major component/element to the problem of drug abuse. The first element is concerned with the drug user and the related drug education programmes tended to be traditional and narrow in focus. A drug prevention programme which has a wider focus may also take account of the total environment in which drug abuse occurs. This concept of total environment includes both the physical and structural environment in the society as well as the social psychological environment of the drug user. The legal aspect is concerned with laws and regulations which seek to control the availability and production of harmful drugs.

3.1 The Drug User

The drug user in this paper is referred to as:-

a. a person who takes drugs in moderate quantities in order to procure a specific pleasure;

b. a maladjusted person who uses drugs for conscious or unconscious reasons as a compensation for an already profoundly degraded social and psychological status.

Studies/researches which focus on the drug user mainly consider him from two broad aspects, namely the cognitive and the

affective aspects, which are actually inter-related. In certain studies, it is difficult to separate the affective and the cognitive aspects.

Chow (1979), De Haes (1975), Mc Clellon (1975) and Witmer (1978) have done some studies on the cognitive aspect of drug users. The cognitive aspect of a drug user refers mainly to his knowledge, understanding and perception of drugs (use and abuse) and the consequences related to the drug use/abuse. Much of the knowledge, understanding and perception of drugs and its related use here would include facts about it. For the most part, drug abuse prevention programmes have been almost completely informational, with the assumptions that increased knowledge about the consequences of drug use would produce more negative attitudes which in turn would reduce the likelihood of using it. Therefore drug abuse prevention programmes have primarily attempted to increase the subjects' knowledge about the legal, pharmacological and medical aspects of using these substances.

The affective aspect refers mainly to the drug abusers' feelings toward drugs and their use/abuse. In this aspect, we are concerned with his attitude towards drugs, his values/appreciation of life in relation to drugs and their use. In discussing the drug users' attitude, we shall take into account his self-conceptions. Self-conceptions refer to a person's beliefs about his competence and morality quite apart from and even despite of what others might think of him

(Rokeach, 1983). The study by Jones (1981) concluded that there is a relation between the self-concept and drug use among students. Students who are regular users and heavy (compulsive) users generally have lower self-concept than students who are non-users, experimental users or occasional users.

A person's value is centrally, strategically located "deep structures" within one's total belief, and a change in such "deep structures" will lead to changes in value-related beliefs, attitudes, and behaviours (Rokeach, 1983). Toler (1975) has provided data that document dramatically the sharp value differences that exist between addicts and non-addicts. It is evident that drug abusers' values differ substantially from those of non-drug abusers. According to Segal (1975), apart from the difference in values of drug users from non-users, there is also a difference in the personality of drug users and the non-users.

As mentioned earlier, the cognitive and affective aspects of drug users are inter-related. Studies done by Botvin (1983) and Pentz (1983) focussed on both the cognitive and affective aspects of drug users. The decision-making capabilities and social skills/competency of drug users were examined in relation to drug use/abuse. The decision-making capabilities refer to one's capabilities to think realistically about the decisions he might in future wish to make which entails that he must:

a. understand that decisions are made in choice-situations in which legal and illegal drugs are offered;

b. be able to anticipate the choice-situations that are most likely to occur, and to have a realistic idea of the people and circumstances most likely to be involved in choice-situations involving the various legal and illegal drugs;

c. be able to apply factual knowledge in relation to choices in particular situations, and to anticipate the consequences of acceptance in specific choice-situations (Dorn, 1977).

Social skills/competency are defined as the "ability to cope effectively with interpersonal relationships" (Argyris, 1968). More specifically, they refer to "overt and covert learned behaviours that maximize chances for obtaining positive reinforcement from social interactions while minimizing cost to self and others." (Gilchrist, 1981). Social skills are differentiated from personal, extra-personal and health problem skills in that their primary function is communication with others (Swisher, 1976). In a review of 117 adolescent social skills training studies, Pentz and Tolan (1983) noted that there is evidence to suggest that social skills training may have a positive impact on substance abuse prevention.

Environment

This section is mainly concerned with the social psychological environment in which drug addiction occurs. An examination of the environment may provide useful information regarding some of the reasons/conditions which influence and lead the individuals to experiment with drugs. More specifically the social psychological environment considered here are the home environment, the peer group environment, the society/ community/national environment, which according to social learning theory (Bandura, 1977) may be related to drug use/abuse behaviours.

3.2.1 The Home Environment

The home environment includes the relationship the drug abuser has with his family as well as parent modelling, patterns of interactions, role expectations, attachments and aversions among the various family members and the socio-economic status of the family. Hendin et al. (1981) has done a study on adolescent marijuana abusers and their families. From this study, certain static family characteristics such as socio-economic status, religiousity, and life-style are related to adolescent's marijuana abuse. Further the study demonstrated that such relations are truly meaning only when viewed within the context of the psychological characteristics of the family and the psychological adaptation/relationships/

interactions of the adolescent with the family. In other words, such relations are truly meaningful when viewed within the overall context of the family pschodynamics.

In the literature reviewed by Glynn (1981) on the independent family influences on adolescent drug use, it is reported that parental drinking behaviour is a strong factor in influencing adolescent initiation into alcohol use. Other than that, attachment to family (Mc Bride, 1978), positive family relationships (Adler and Lotecka, 1973; Wechsler and Thum, 1973a, 1973b; Shibuya, 1974), and positive involvment with the family (Jessor and Jessor, 1975, 1977) discourage initiation into use; while family friction and fights (Russell, 1972; Lawrence and Vellerman, 1974) may encourage use. Glynn (1981) also reported that the adolescent initiation into illicit drugs (other than marijuana) is strongly related to parental influences and, in particular, the quality of the parent-child relationship. Kandel (1978a, 1978b) suggest a strong relationship between parental use, both licit and illicit, of psychoactive, mood-changing drugs (other than marijuana) and adolescent initiation into illicit use of these substances.

3.2.2 The Peer Group Environment

Some of the elements of peer group environment of interest are the abusers' relationships with friends, the patterns of interactions, peer pressure, best friends'

attitudes about drugs, actual use of drug by friends, the degree of adolescent involvement in peer activities (e.g. attending parties, driving around), school adaptation, and attachment and aversions among friends. A study by Hendin et al. (1981) indicated a relationship between marijuana use and peer group environment. More specifically Hendin et al. (1981) noted that "most of the adolescent marijuana abusers had friends of both sexes, the majority of whom were other heavy marijuana smokers". Sarvela and Mc Clendon (1983) have done a study on the correlates of early adolescent peer and personal substance use in rural northern Michigan. They concluded that there is an extremely high correlation between reported personal and peer use, and that the peer pressure to use substances increases measurably with age. Suchman (1968) suggested that peer pressure to use particular substances increased as the adolescent moved from alcohol to marijuana to other illicit drugs. The strength of peer influence, direct and indirect, on drug use (particularly marijuana use) has considerable support in the literature reviewed by Glynn (1981). Some of the more recently developed psychosocial prevention strategies (e.g. Evans et al. 1978; Evans et al. 1979 Smart, 1976) are based on the peer group drug abuse relationship.

3.2.3 Society/Community/National Environment

During the process of urbanisation, rural-urban migration occurs. Studies done by Sternstein (1972) and Goldstein (1971) in Thailand, and Evers (1972) in Indonesia indicated that there is a process of migration of people from rural area to small towns, small towns to bigger towns and big towns to cities. A large number of youths and adolescents moved from rural area to the urban centres to seek for education, jobs and a different way of life. As a result of this migration, urban centres such as the cities are saturated, thus unemployment and over-population became a serious problem. Individuals in the city now have to compete for living space as well as for jobs. In addition to this, individuals have to cope with the pressure on them and the impersonal mode of city living. Living in the urban centres which are increasingly segregated by social class rather than by ethnic group (Evers, 1974), individuals from the lower class will be exposed to a different life-style of the upper class. This raises their mobility aspirations without necessarily increasing their chances of mobility, thus resulting in frustration among these individuals. In such situations, individuals might end up in a stage of cultural shock, and they may face identity problems in the city. Under the conditions of lack of supervision from the family, individuals are easily influenced by the mass-media and peer groups to take drugs. Martin (1981) in his study of relationship between commercial television advertisement and

drug use showed that there is a significant positive relationship between the time subjects reported viewing weekday television and the use of marijuana.

3.3 Legal Aspect

In most of the developing countries, drug abuse is treated as a major national concern which demands concerted action(Choo, 1982). An examination of the policies of the developing countries such as Hong Kong, Indonesia, Malaysia, Philippines and Singapore, generally shows that there are three main phases in the evaluation, formulation, and implementation of policies on the prevention of drug dependence. These three phases are restricting and controlling the availability of drugs; preventive education and publicity; and provisions for detection treatment and rehabilitation.

Of the three phases, the one restricting and controlling the availability of drugs, is perhaps the most popular, receiving very high priority and is evident in the policies of almost all the developing countries. Generally, the policies encompass both legislation and other forms of control involving various government departments like Action Committee Against Narcotics (Hong Kong), National Executive Action Unit (Malaysia) Dangerous Drugs Board (Philippines), and Central Narcotics Bureau (Singapore) relating to trafficking and importing of drugs (Choo, 1982). Most countries in South-East Asia have now introduced the death sentence as a penalty for trafficking, as

well as severe sentences for individual drug users (Navaratnam, 1981). In Malaysia, maximum penalty is death for drug trafficking and importing. The general relationale of this phase of prevention to limit the availability of drugs so that prices would go up making it uneconomical for drug addicts to maintain their habit. As drugs become less available. It is hoped that drug addicts will be forced to seek treatment and rehabilitation and at the same time others will be deterred from starting the habit.

4.0 Major Approaches/Strategies/Techniques in Prevention of Drug Abuse

4.1 Introduction

According to the conceptual framework in section 3.0, drug abuse prevention programmes could be discussed in terms of the drug user, his environment and the wider legal aspects affecting drug abuse. Drug abuse prevention programmes assume a goal, that is to discourage the illicit use of drugs. Apart from this, the prevention programmes also have objects, as distinct from objectives - that is the targets of prevention programmes. For example some of the objects or targets of drug abuse prevention programmes are the drug user himself, his environment consisting of his family. his peer group, and the media; which may exert certain pressure leading to drug abuse.

In this section the focus is on the major approaches/strategies/techniques employed in programmes for the prevention of drug abuse, and not on the objects (targets) of such prevention programmes. In discussing these approaches/strategies/techniques it will, however, be necessary to relate them to the objects (targets) concerned. In short, the emphasis in this section is on the approaches used in the prevention programmes intended for these target groups/areas.

According to Fazey (1979), prevention may be envisaged under three headings:

a. preventing those who do not take drugs from doing so, i.e. primary prevention;

b. preventing those who are occasional users from becoming chronic ones; and

c. preventing the worst effects of chronic drug abuse by means of treatment and rehabilitation.

Thus, the approaches to prevention can be seen as divided into three main areas: those which concentrate on the person who takes or is likely to take the particular drugs in question; those which seek to reduce demand by attempting to identify and control those elements which stimulate demand; and those approaches which seek out the contigent variables and attempt, either at the macro or micro level to manipulate the demand or to predict its trends (Fazey, 1979).

In this paper, the main concern is with the prevention envisaged under the first heading, or in another words, primary prevention. Therefore the approaches of interest are the approaches which concentrate on the person who is likely to take drugs, his social environments, social influences/pressure on him coming from the family, peer group, and the media; and other psychological factors in relation to drug use/abuse.

Before we proceed to the major theoretical approaches used in prevention of drug abuse, a brief description of the

preventive drug education programmes in the Asean region is given. It is hoped that the description can provide a picture of the relative importance of drug education programmes in relation to the priorities and policies of the Asean region. The description below are mainly taken from country reports, papers and policies on prevention of drug dependence of the countries concerned.

2 Preventive Drug Education Programmes in ASEAN Countries

In this section, the preventive drug education programmes in the ASEAN region are discussed briefly. It must be noted that the programmes in this countries are discussed in view of the fact that they could be used in Malaysia or in the development of similar programmes for Malaysian use.

The programmes are discussed by country. As these programmes have only recently been implemented in most countries, an evaluative comment has not been included for most of them at this point of time.

Generally, the governments of ASEAN member countries are cognisant of the threat of the drug abuse problem to their stability and security. They view with apprehension the large numbers of young boys and girls who use illicit drugs. More than 60 percent of the estimated total number of 250 million people in South East Asia are below the age of 21, thus providing evidence with regard to the critical nature of the drug problem to these ASEAN governments (SEAMO-RECSAM, 1980).

The pervasive nature of the drug menace, namely, its low percentage of success in the complete cure of drug abusers, the continued circulation of illicit psychotropic substances and an increasing expenditure in preventive measures, has resulted in the governments of ASEAN countries giving more attention to preventive drug education both on a formal and non-formal basis through school programmes and the mass media.

Some measures which are currently included in school education programmes in the five ASEAN countries are highlighted here (ASEAN Drug Experts Meeting (7th) Report, 1982).

Indonesia

In 1968, drug abuse among youths was observed to have spread to the major cities of Medan, Jakarta and Surabaya in Indonesia (ASEAN Preventive Drug Education Seminar/Workshop (2nd) Report, 1979).

The Indonesian Police Department spearheaded a campaign to alert the public against drug abuse by sending 'information' teams throughout the country. This campaign enlisted various educational groups, community leaders, civil and military agencies and religious bodies. Since 1973, the Jakarta Metropolitan Health Department, has been organising the "Annual Narcotic Campaign Week" which has the teachers and high school students as its main target audience (Navaratnam, 1981).

In 1975, a new subject, 'Physical and Health Education' was introduced as part of the school syllabus. At the same time preventive drug education was included in several subject areas, such as sports, health education sciences, religious education, social studies and the 'Pancasila' (The National Principles) (ASEAN Drug Experts Meetings (4th) Report, 1979).

The implementation of preventive drug education in curricular as well as extra-curricular activities is guided by the following instructional objectives:-

a. the students get information about dangerous drugs and their abusers;

b. the students learn the skill of healthful living;

c. the students develop positive values and attitudes; and

d. the students take part in drug abuse prevention and control measures.

The topics of discussion in this programme include factors of drug abuse, drugs as chemical substances, proper drug use, dangers of abuse, first aid treatment and methods of prevention (ASEAN Workshop (3rd) Report, May 1982).

A programme is also being developed for primary and secondary schools. It consists of modules covering the following topics:

a. understanding one's self

b. values

c. understanding the environment

d. handicaps or obstacles, and

e. creating one's future

The above programme also offers discussions in relation to skills in decision-making, values clarification, problems identification and situational problems.

An overall curriculum evaluation will also be a component of the programme.

Singapore

In Singapore the drug problems became an important issue of concern in the seventies. in 1971 the government set up the Central Narcotics Bureau and in 1973 promulgated the "Misuse of Drugs Act."

The drug situation worsened by 1975. Between the two years (1973 - 1975) an estimated 3% of the male population of the age group of (15 - 24) years in a total population of 2.3 million were misusing drugs (McGlothin, 1980).

Legislation, enforcement, treatment and rehabilitation took precedence over educational measures and as a result of

adapting a tough strategy, Singapore contained the heroin epidemic (McGlothin, 1980). Throughout this period, the Singapore Ministry of Education was active in informational work. In 1974 it incorporated two educational programmes into the school syllabus. These were:-

a. Education for Living (EPL) for all levels in the primary school. This involves the integration of three subjects - history, geography and civics. Its aims is 'to develop the desirable qualities of mind and character in our pupils, in moral attitudes and civic consciousness to guide our pupils towards a healthy living' (ASEAN Preventive Drug Education Seminar/Workshop (2nd) Report, 1979).

b. The Drug Education Syllabus - it includes the following topics:-

i. meaning of drugs

ii. the right and wrong use of drugs

iii. dangers of drug abuse

iv. reasons for the circumstances that lead young people to take drugs

v. reasons for the government's control on and prohibition of the sale and use of certain drugs.

'The syllabus attempts to affect behavioural changes in our pupils so that they will refrain from and guard against drug abuse' (ASEAN Preventive Drug Education Seminar/Workshop (2nd) Report, 1979).

At the same time, two other action-oriented programmes are carried out:-

a. The Social Defence System for Secondary Schools. 'This aims to help teachers to prevent school children from reaching a crisis level in their problems' (ASEAN Preventive Drug Education Seminar/Workshop (2nd) Report, 1979).

b. A Unit of the Ministry of Education. 'These programmes involve the respective teachers directly in the identification, supervision and guidance of pupils and their peers' (ASEAN Preventive Drug Education Seminar/Workshop (2nd) Report, 1979).

The educational approach was also used during a 6-month (January - June, 1983) prevention campaign.

The government efforts in Drug Prevention Education was also supplemented by those of the private sector by the establishment of the Singapore Anti-Narcotics Association (SANA) in 1972.

SANA functions on two fronts:

a. the eradication of drug abuse through education in drug abuse prevention and dissemination of information on its dangers and other relevant matters.

b. the rehabilitation of drug takers, mainly through follow-up after-care services for those who have been treated in the drug rehabilitation centres.

SANA has also produced educational materials such as films and comic books in relation to prevention of drug abuse among secondary and pre-university students. It also designed programmes on drug prevention education for volunteer community workers to help spread the anti-drug message throughout the Republic. SANA also has a panel of speakers who give talks at community centres, army camps, organisations and schools. At the same time, posters and pamphlets were also produced and distributed.

Philippines

In the Philippines, the response to the drug abuse problem started in the late 60's when an extensive campaign was undertaken by both government and non-government organisations (Generoso, 1981).

Since then, the method of dissemination has undergone changes to reflect the new emphasis, i.e. 'the problem of

the people' and not solely 'the problem of drugs'. In the Asean countries, relevant drug concepts are now being integrated in social studies, science, and health education both in the elementary and secondary school curricular. However, educators feel that health education is a logical discipline in which drug education concepts can be included (ASEAN Workshop (3rd) Report, 1982).

In 1972, the Philippines Government established the National Drug Education Programme. The Ministry of Education and Culture, the College of Education, University of the Philippines and the Philippines Dangerous Drug Board undertook the task of writing the curricular guides in drug education for both elementary and high schools.

In 1979, a manual, 'Resource Materials on Drug Education' was produced. This manual which was not for publication provided accurate and succint information necessary to teaching about drugs, their use, misuse and abuse (University of Philippines, 1979).

In regard to prevention drug education in the Philippines, the strategy, for both the primary and secondary pupils, is to increase factual knowledge. This knowledge leads to the pupils' understanding and development of attitudes, values and practices regarding drugs.

Where the teachers are concerned, a series of organised lessons on concepts and contents are conducted together with related learning activities. An evaluation procedure is also included here as a feedback mechanism. The teachers are advised to treat these programmes as a possible approach to curricular development in drug education. A list of curriculum materials is provided in Appendix A and B. Appendix O provides the prototype curriculum in preventive drug education at the teacher education level.

Thailand

Thailand considers her drug problem more serious than the other ASEAN countries. This is primarily because some areas of its northern territories share a small part of the Asian region known as the Golden Triangle - a region where opium cultivation is firmly rooted. This region extends from the Kachin Hills and Shan Plateau of Burma to the mountainous area of northern Laos and Northen Thailand. The place is estimated to produce half of the world's demand for illicit narcotics (ASEAN Drug Experts Meetings (4th) Report, 1979).

The severity of the drug problem in Thailand is aggravated by the reputation it has as being one of the important drug trading centres of the world which lies on the international drug trafficking route. Thus, the drug problem is high on its list of national priorities.

Drug education and related drug control programmes in Thailand are included in the National Security Policy as well as the Fourth National Economic and Social Development Plan 1977 - 1981 (ASEAN Drug Experts Meeting (4th) Report, 1979).

A master plan for drug abuse prevention education (1981 - 1986) was incorporated in the 5th National Economic and Social Development Plan 1982 - 1986 (ASEAN Drug Experts Meeting (6th) Report, 1981).

The education programme constitutes one of four major thrusts to contain the enigma. The other programmes function in the areas of drug enforcement, treatment and rehabilitation and the crop-replacement and community development programme for the hill-tribe territory (ASEAN Drug Experts Meeting (4th) Report, 1979).

School-based programmes are under the charge of the Ministry of Education, which collaborates with the Office of Narcotic Control Board (ONCB). The programmes have been implemented on a nationwide scale since 1978 (ASEAN Workshop (3rd) Report, 1982).

Drug education concepts have been integrated into the elementary school curriculum especially in areas related to life experiences and character development. At the secondary level, various aspects of drug education have been included in a number of subjects such as Health Studies, Social Studies and Science and Population Education.

In 1981, a research project on Preventive Education for Drug Abuse for primary and secondary schools was launched. This project included the analysis of the existing curriculum materials as well as the teaching/learning strategies used in sample of forty schools.

In 1983, with funding from the United Nations Fund for Drug Abuse Control (UNFDAC) the Curriculum Development Centre, Ministry of Education, undertook a nationwide 3-year study on the existing drug education curriculum (ASEAN Workshop (3rd) Report, 1982).

In retrospect, Serin Punnahitanond (1977) reporting on his 'survey of the attitudes of Thai youths towards drugs and lthe assessment of the effectiveness of prevention and education methods' indicated the indifference shown by students toward education programmes. Students as well as working youths did not seem to appreciate efforts via education to reduce the abuse of illicit drugs. The students at that time, believed that the root cause lay, not on each individual's non-compliant behaviour but in the general conditions of their society, particularly the situation whereby powerful international drug-trafficking syndicates operated in their country.

As Serin Punnahitanond cautioned, "efforts to concentrate on drug abuse prevention and control measures on young persons alone will probably be ineffective" (Serin Punnahitanond. 1977). The same survey also indicated that the major reasons

for abusing drugs were curiosity and peer influence while those given for not using drugs were 'disinterest' and 'afraid of the bad effects of the drugs'. The survey also indicated that students' consumption of drugs had increased and that the drugs were easily available.

In the same survey, the author also made the following recommendations:-

a. a search for more effective ways to prevent the spreading of drugs among youths as the survey showed that drug consumption had not been reduced;

b. more research on trends of drug consumption be undertaken;

c. a strict control in the sale of drugs, as the survey showed very close correlation in the use of illegal drugs among youths to the use of drugs in general in the society.

Malaysia

The drug abuse problem in Malaysia began to take hold in 1969 and since then the government has been involved in various measures to control the situation. These control measures broadly cover four sectors, namely Law and Enforcement, Treatment and Rehabilitation, Education and Information and Research.

The Ministry of Education, Malaysia, was entrusted with the formal school drug education programme. It monitors the

drug situation closely and receives quarterly returns from all secondary schools. These quarterly returns depict the number of confirmed cases of drug abuse among pupils as well as the number of pupils likely to show inclination to resort to drug experimentation.

The Ministry of Education and the Ministry of Culture, Youth and Sports also co-ordinate programmes to keep youths away from drugs by organising 'work experience programmes' and 'work camps' and a scheme towards self-employment for school leavers. Besides appointing school social workers, there are also drug education officers to help overcome the problems of drug misuse among school students.

Most of preventive drug education programmes is handled by the Guidance and Counselling Unit of the Schools Division of Ministry of Education, which provides training for teachers in counselling techniques. Selected senior teachers attend courses at the National University for Post-Graduate Diploma in Counselling, or may attend the Specialist Teachers Training Institute to get the Certificate in Counselling. These teachers form a supportive service in the school system to assist guidance and counsellor-teachers perform their tasks. Schools are also provided with posters and other audio-visual materials. The Curriculum Development Centre of the Ministry of Education periodically reviews and evaluates the school curriculum in its attempt to measure how drug education could be implemented.

At present drug education and inter-related concepts in secondary schools are channelled through the school-subjects such as civics, health education and religious education.

A perusal of the primary syllabus shows that information about the pharmacological properties and the deleterious effects of drugs broadly the aim to help pupils distinguish between food and potentially dangerous substances.

A new curriculum for the primary level was enforced in 1983. It covers three broad areas, namely, Communication, Man and Environment and Development of the Individual. Lessons will focus on the acquisition of skills such as critical thinking, decision-making, problem-solving, and others that are relevant to preventive drug education (see Appendix C).

By the measures mentioned above, the educational authorities try to provide ways to prevent the occurence of drug abuse in the first place and to effect a reversal in the increasing incidence of young people who abuse drugs.

4.3 Preventive Drug Education Programmes In Other Countries

The problem of drug abuse is considered as a social problem in many of the developing countries. The belief that education can solve social problem is based on the assumption that social problems are caused by the maladaptive behaviour of individuals, and such behaviour can be influenced by education (Moskowitz, 1983). In this paper, education is defined in its broadest sense which includes both formal education in schools and institutions, and informal education in the community.

From the 1890's to 1960's drug education could best be characterised as "scare tactics" because much misinformation was conveyed in an attempt to prevent substance abuse through fear arousal (Bukoski, 1979; Wepner, 1979). Neither approach, however, has been successful in preventing a general increase in the incidence of substance abuse (Kinder et al.; Plant,1980).

By the mid-1970's drug education was reconceptualised as "a well defined and structured learning process that assists individuals to develop the affective skills they need to help themselves" (Bukoski, 1979). Because of this recent concept, information about drugs and their effects alone became secondary to the development of psychosocial skills related to problem-solving, decision-making, values awareness, stress reduction and interpersonal communication (Moskowitz, 1983).

At this stage, drug education (formal and informal) is not meant to be just a simple dissemination of information about

drugs, but it serve to provide information which is specifically directed at either individuals in isolation or within the context of the peer group, family, community or colleges, and which utilizes possible pressures from the source to modify the individual behaviour concerned (Fazey, 1979).

4.3.1 Theoretical Approaches

According to Moskowitz (1983), most drug education programmes have been based upon at least one of the three theoretical approaches to behaviour change:

a. a knowledge/attitudes approach

b. a value/decision-making approach

c. a social competency approach.

In the following discussion, the term approach is defined as a broad general basis/rationale for the programme, and the strategy/technique is used more specifically to indicate the method/way of implementation under each approach.

4.3.2 Knowledge/Attitudes Approach

Among the three approaches suggested by Moskowitz (1983), the knowledge/attitudes approach has been used most widely. This approach focusses on the activity (i.e. drug use) of individuals. The assumption made in this approach is that increased knowledge of individuals about the consequences of

drug use produces more negative attitudes towards use which, in turn, reduces the likelihood of use. Therefore programmes based upon this approach have attempted to increase individuals' knowledge about the legal, pharmacological, and medical aspects of using drugs. With increased knowledge, it is assumed that the beliefs, attitudes, intentions and behaviours of individuals will change in the direction of reducing drug abuse.

In this approach, a number of specific strategies have been used to prevent drug abuse. Among these strategies, the fact-giving strategy is the most popular one. In this fact-giving strategy, information about the legal, pharmacological, and medical aspects of drug taking are given through various means. Dorn (1977) has mentioned about the substance-focussed strategy which is actually an example of fact-giving strategy. In this strategy, knowledge about the substance used (i.e. drugs) and its effect is conveyed to individuals. In addition to this 'substance-focussed' information, non-substance-focussed information are also given in the fact-giving strategy. Such information are mainly concerned with the facilities available for treatment and rehabilitation, the legal aspects related to drug abuse, and the danger of taking drugs. As for formal education in the schools and institutions, programmed teaching methods are usually carried out. Knowledge about drugs and its effects are conveyed to the students by group lectures, small group discussions, individual studies and by teaching aids such as films, videos slides, tapes etc. As for informal education, mass media play an important role in disseminating the information about drugs and its effects to the general public. Examples of mass media involved are television, radio, film (cinema), newspapers, journals, magazines and video. For the adolescents, peer group interaction is an important mean of conveying information about drug and its effects in the peer community.

Many studies have been done on the formal education. A study by Swift, Dorn and Thomson (1974) in schools throughout England and Wales is an example. In this study, two major formal teaching methods were considered, i.e. teacher-centred lessons and lessons involving different types of films. Teacher-centred lessons is the traditional type of lessons in which the main instructional medium is the teacher. In this type of lesson, the teacher will play an active part as communicator to disseminate information about drugs, and the students play the part as passive listeners. As for the lessons involving films, four different types of films were used in the study. They were Medical film, Pharmacological film, Shock film and Personality film. Medical film shows hospital treatment after excessive drug taking; Pharmacological film involves a scientific survey of the effects of drugs on the nervous system; Shock film with intravenous injections and gruesome post-mortem, and the Personality film follows the social history of a heroin user, who eventually died from a barbiturate overdose.

Other than the two major teaching methods studied by Swift, Dorn and Thomson(1974), another four teaching methods were also analysed by Duncan (1979) of Kent State University. In his study, the four teaching methods analysed were the 'factual approach' in the entire group lecture and the small group discussion, and 'causal approach' in the entire group lecture and the small group discussion. 'Factual approach' in the entire group lecture involved giving factual knowledge about drugs and their effects by an instructor to a large group of subjects. Whereas 'factual approach' in small group discussion involved with a smaller number of subjects, in discussing the factual knowledge about drugs and their effects guided by an instructor. In contrast to the 'factual approach' where it is substance focussed, 'causal approach' covered a wider aspects including the cause of drug taking, the reason of drug taking and other knowledge related to drug abuse.

According to Mathews (1975), it is possible to identify two major modes which are commonly used in drug education programmes. These two modes are the converting mode and the supporting mode. Out of these two modes, the converting mode that Mathews has suggested is actually a fact-giving strategy which is widely used during 1960's. The converting mode consists of four teaching techniques categorised as 'Directing', 'Preaching', 'Convincing' and 'Scaring'. 'Directing' is referred to presentation of pharmocological data. In this technique of teaching, teachers tell their students what they

must believe, value and do. This technique is often used with younger children. The 'Preaching' style was similar to the 'Directing' style, and attempted to have discussions with the students. The 'Convincing' style relied on lectures and the use of logic. It was further supported by the theoretical skills of the teacher, his/her status and power in the school environment. The 'Scaring' style is a slightly different technique and will be considered in the latter part of this section.

DeHaes and Schuman (1975) have done a comparative study on three teaching strategies, namely, 'Mild horror approach', 'Factual approach' and 'Education for personal relationships(EPR)'. Out of these three methods of teaching, the 'Factual approach' is actually the fact-giving strategy that we have discussed so far. The aim of this 'Factual approach' programme was to provide the knowledge of the facts about drugs and their effects.

Another general strategy which is commonly used in the knowledge/attitude approach is the 'scare tactics'. Generally, 'scare tactics' attempted to prevent substance abuse through fear arousal. In this strategy, the knowledge about drug and its efects is given with the emphasis on the harmful effects of drug-taking, with the thought that likelihood of drug abuse will be reduced through fear arousal. Techniques which are employed under the 'scare tactics' are group lectures, small group discussions, films, videos, tapes, and through the mass media such as television, radio, newspaper, magazines, posters and film (cinema).

As indicated earlier, the 'scaring' style of teaching under the converting mode suggested by Mathews (1975) is a good example of this strategy (scare-tactics). 'Scaring'style of teaching typically emphasises the horror of addiction and cluster all drugs together as leading to the fear of the psychological, physiological, social, legal or moral ramifications (insanity, chromosome damage, ostracism, jail or hell, for example).

Another example of 'scare tactics' strategy is 'mild horror approach' studied by DeHaes and Schuman (1975). In this case, the knowledge about drugs and its effects was given, and stimultaneously warnings were given. In short, this 'mild horror approach' focussed on the dangers of experimenting with drugs. Both knowledge and warnings were provided.

Two of the five lessons studied by Swift, Dorn and Thomson (1974), which was actually using the scare tactics are the lessons involving 'Shock' film and 'Personality" film. In these lessons, films showing the harmful effects of drugs was used in teaching with the thought that the students can be prevented from drug abuse through fear arousal.

So far, we have been discussing about the strategies used in the drug education programmes. Generally, the drug education programmes are developed based on a particular model. In this knowledge/attitude approach, most of the drug education program mes are designed and developed based on two distinct models:

Fishbein's behavioural intentions model (Fishbein and Ajzen, 1975) and McGuire's persuasion-communication model (McGuire, 1964; 1974). In Fishbein's model, the assumption made is that behaviour is a volitional act. Based on this assumption, the model specifies that the intentions to perform a given behaviour are the immediate determinants of that behaviour. Furthermore, intentions to engage in an activity are considered to be a function of attitudes toward the activity and related subjective norms.

In contrast to the above model, McGuire's model postulates a sequence of six steps for behavioural change. The target population must:

a. be exposed to a persuasive communication;

b. attend to the material;

c. comprehend its content;

d. agree with its conclusions;

e. retain the induced agreement; and

f. act accordingly (McGuire, 1974).

So according to this model, the factors that facilitate this process includes the objectives, source, and content of a communication. It specifies important characteristics of the audience and of the mode through which the communication is presented (such as face-to-face or mass media) (Moskowitz, 1983).

The drug abuse prevention programmes discussed so far were almost completely informational. Recent research in the more developed countries have suggested other types of prevention programmes. In the next section, the paper will consider another type of prevention programme which focussed on value and decision-making of individual in relation to drug use and abuse.

4.3.3 Value/Decision-Making Approach

In contrast to the knowledge/attitudes approach, which focusses on the activity (i.e. the drug use), the value/decision-making approach focusses on the individual.

It is important to clarify what decision-making skills might mean in relation to legal and illegal drugs before we proceed to discuss the value/decision-making approach. In this paper. we have considered decision-making skills as the capability and ability of individuals to think realistically about the decisions they might in future wish to make (Dorn, 1977). According to Rokeach (1983), a person's social behaviour is regulated or controlled by the structure and content of one's total belief system, which includes the basic elements such as his values, attitudes and beliefs. Values are centrally, strategically located "deep structures" within one's total belief system and a change in values will lead to changes in value-related beliefs, attitudes and behaviours. It should be stressed that values and value-systems are central components of the total belief system.

An important implication is that, these values, attitudes and beliefs of a person strongly influence or control the decision-making process. In the other words, the decision-making process can only be understood with reference to the individual's total belief system.

According to cognitive consistency theory, humans behave in a manner that is consistent with their need to maintain and enhance self-esteem (with the components self-conceptions and self-presentation) rather than in a manner that is consistent with their need for consistency (Rokeach, 1983). Thus for the purpose of influencing (either stabilising or changing) one's total belief system and behaviour, we must therefore provide him or her with important information about self; with information about one's behaviour and its relation to the structure. content and functioning of one's belief system of which one is typically unaware.

Therefore, in relation to drug abuse prevention, value/decison-making approach is an approach which promotes self examination of one's needs or values and of the roles that drug use serves in fulfilling these values. Generally, the objective for value/decision-making approach is to decrease the likelihood of drug use through promotion of self-understanding and responsible decision-making.

The major strategies used in value/decision-making approach are either person-focussed or situation-focussed. Generally the

person-focussed strategy emphasises on the self-concept development, and the situation-focussed strategy stresses on moral development, value clarification and decision-making skills. In relation to drug abuse prevention, situation-focussed strategy emphasises on the formation of attitudes to enable pupils to make responsible decisions when confronted with a drug offer situation.

Generally, the person-focussed education assumed that initial drug experimentation is caused by an individual's 'internal' state (his values, total belief system or attitudes). Therefore person-focussed education emphasises on the individual's broader social development as a person in the direction of less drug abuse. The strategy is to change the individual's feeling about drug use and its effects. To change the individual's feeling, we may have to change their values, self-conceptions, attitudes and total belief systems. Other than the family, the school may have a valuable role to play in the child's social development. For example the PALEFIRE Drug Prevention Programmes's Self-Concept Module studied by Hartman (1982) is one of the programmes in school to enhance the self-concept among elementary and high school students. The main aim of this programme is to decrease the likelihood of drug use and abuse through promotion of self-understanding. Another example is the moral education in the schools, which stresses on the moral development of the child.

In schools or institutions, most pupils believe that they would not take a drug if offered it. In reality however, when

the drug is offered, many, perhaps most will experiment with it. Therefore, the offer-situation is crucial in initial experimentation. Dorn (1977) had suggested another strategy namely 'situation-focussed' strategy which is different from the 'substance-focussed' and 'person-focussed' strategies. As mentioned by Dorn (1977), "the goal was not to seek to make a general conclusion about 'drugs', but to help them give them the opportunity to discuss what they will do, in advance." Therefore the emphasis of the situation-focussed strategy was on the decision-making skills of the individual in a drug offer situation. The central concern was with making the education relevant to decision-making in a real-life choice situation. According to Dorn (1977), in making decisions, individuals must (a) understand that choices are made in choice-situations in which legal or illegal drugs are offered. One may have an attitude to 'drug', but one's actual future decisions will be formulated in relation to offers of a particular drug in a particular social situations; (b) be able to anticipate the choice-situations that are most likely to occur, and to have a realistic idea of the people (e.g. ordinary kids like them) and circumstances (e.g. parties) most likely to be involved in choice-situations involving the various legal and illegal drugs; and (c) be able to apply factual knowledge in relation to choices in particular situations, and to anticipate the consequences of acceptance in particular, likely choice-situations. (e.g. cannabis. alcohol experimentation at parties etc.). These three decision-making skills are actually the sub-goals making up the overall decison-making goal.

In order to teach students the desired decison-making skills, prototype education materials were developed for this purpose. The materials also had goals of increasing students' knowledge about legal and illegal drugs with the aim of presenting this factual information in such a way as it could be assimilated into and used in the choice-situation. The prototype materials were taught in a prototype course, which centred on a 40-page pupils' booklet called 'Facts and Feelings about Situations". The booklet was written as a 'work book' with text, examples, illustrations and exercises. The exercises were used for class discussions, groupwork, individual thought or written work and role-playing. Teachers will lead the class through the booklet (each pupil has one), and frequently break for comment, discussion with reference to his own or to pupils' experience with the legal drugs, and for exercise work. The course would last for six to ten hours, spread over a number of weeks.

Another similar type of strategy is the 'value clarification' strategy (New Zealand Council for Educational Research, 1976). Briefly this programme stresses moral development and decision-making skills, and centres on offer situations involving choices as to whether or not to accept an offer after considering the consequences of each choice. It is a process in the formation of attitudes that will aid the individual to make responsible decisions that are helpful to himself and others. The 'value clarification'

strategy concerns not so much with the content of people's values (i.e. person-focussed) as with the process of valuing itself. Society passes on its values through such means as 'moralising' or 'preaching', or by 'modelling' (i.e. through examples of adult behaviour), and in this way, society hopes to influence the attitudes and behaviours of its youth. The same basic process is involved in the 'value clarification' strategy in which the pupils are given opportunity to examine and modify their value systems as a basis for decision-making. The pupils themselves arrive at their own decisions. By such, the pupils will, in subsequent behaviour, then have a personal reason to base their decision which has been the result of their own thinking and conviction.

The last example of strategy for this approach that will be discussed briefly is the 'Supporting Mode' identified by Mathews (1975). The 'Supporting Mode' tended to be process-oriented and existentialist, i.e. allowing the student to be free and responsible for his or her own behaviour. In the 'Supporting Mode', they were generally two styles of teaching. The first style was called the Progressive Style. In this style of teaching, apart from presentation of facts, decision-making skills of students were developed with the assumptions that the decision made by the students are rested on the students' knowledge, attitudes, and values towards drug taking. After the first style of teaching, if the students choose using drugs in their decision-making, then the second style, that is the

Counselling Style was used to correct the situation. In this style of teaching, 'Peer Counselling' was used. Students (after being trained in communication skills) will perform counselling role among their peers. The main reason for using 'Peer Counselling' was to take away the 'authority figure' of the normal type of counselling.

4.3.4 Social Competency Approach

Social competency approach is the most recent approach to drug education. In this approach, it is assumed that individuals abuse drugs because they lack appropriate psychosocial skills. Apart from this, it is also assumed that individuals create their environment, which is sometimes not the actual one, by choosing social situations and partners, by processing social information in these situations, and by their interpersonal behaviour (Meichenbaurn et al., in press).

Social competency approach focusses on both the enhancement of personal competency through the development of basic "life skills" and the acquisition of problem-specific skills and knowledge designed to increase adolescent's ability to resist the various forms of social pressure to use drugs (Botvin, 1983).

Strategies used in this approach can be regarded as psychosocial prevention strategies where the main concern is on the psychosocial skills of the individuals in relation to drug use/abuse. All these strategies are similar in the sense that

they have their roots in social learning theory (Bandura, 1977) and problem behaviour theory (Jessor and Jessor, 1977). although difference exist with respect to both their emphasis and modes of implementation.

Applications of the social competency approach to drug education have featured three techniques. Teaching skills to resist social influences (e.g. peer and family) that promote drug use, modelling health-promoting behaviours, and the provision of alternatives to drug use.

Skill training is the most popular strategy used in social competency approach. In this strategy, primary prevention programmes are designed to provide students with the opportunity for learning basic intrapersonal and interpersonal skills to handle stress/pressure; respond to major life decision and form more satisfying interpersonal relations without recourse to drug taking.

Life Skills Training (Botvin, 1983) is an example of the skill training strategy. This training programme utilises several cognitive-behavioural techniques such as cognitive strategies for enhancing self-esteem, techniques for resisting persuasive (advertising) appeals, cognitive-behavioural self-management techniques for coping with anxiety, verbal and non-verbal communications skill; and a variety of social skills. By looking at the techniques used, it is clear that the main purpose of life skills training is to facilitate the development

of general personal and social skills, with particular emphasis on the development of skills for coping with pro-substance-use social influences.

Another example of skill training is the Social Skills Training (Pentz, 1983). This training is actually a collection of techniques used to improve the learning and mastery of social skills (Ladd and Mize, 1983). The emphasis is on the mutual benefit and maintenance of personal integrity in interpersonal situations (Schinke, 1981).

Both examples of skills training discussed above use a combination of instruction, modeling, rehearsal, feedback and reinforcement, and extended practice through homework assignments to teach the social skills. All these techniques are used together in sequence within a single training as guided participant modelling (Rosenthal and Bandura, 1978) in social learning theory.

Apart from skills training for the adolescents, Parenting and Family-life Programme is also another type of training which focussed on the parents and the family. Parenting and Family-life programme assumes that adolescents begin to take drugs as a result of poor child-parent relationship/communication, poor parenting skills, parent modelling (e.g. high family misuse of drug), psychological disturbances such as depression, disturbance cause by poor relationship between the parents and intrafamily psychosocial

conflict. The components of this programmes are Parent Skills Training and Family Skills Training. Parent skills training are offered exclusively to parents and are designed to focus on parenting skills, whereas family skills training are offered to the entire families and focus on skills associated with family functioning.

Generally, Parent Skills Training is conducted by trained. certified instructors in either clinical or non-clinical settings. Classes are taught in small groups and instruction normally involves lectures, discussions, demonstrations and role-playing.

Below we will give a few example of programme categorised under Parent Skills Training. These programmes are basically similar with slightly different emphasis. Parent Effectiveness Training (P.E.T.) (Gordon, 1970) is probably the most widely use strategy which focusses on enhancing communication skills such as behavioural skills to resolve parent-child problems, approaches to influence behaviours, and mediation skills. Ginott's Parent Education Programme (G.P.E.P.) which is developed by Ginott (1969) to teach parents techniques for coping with their children. The emphasis is on the guidance group for parents with the purpose of enhancing parent functioning by recognising the child's feelings. Systematic Training For Effective Parenting (STEP) (Cromwell, 1981) developed by Don Dinkmeyer, Sr., assumes that lack of knowledge, experience, and information is the basis of maladaptive family

behaviour. Thus STEP attempted to assist parents and children to discover more appropriate patterns of interaction based on equality between adults and children, teaching parents important childrearing topics and specific childrearing skills. Components of this training are a parent study group and parent-teacher education center. In contrast to the assumption made by STEP, Behavioural Parent Training assumes that many child behaviours are shaped and maintained by events in the natural environment, therefore can best be altered by modification of these environmental factors (Rose et al., 1984). As a result of this assumption, Behavioural Parent Training emphasises the development of a technology for training parents in the effective use of social learning principles (e.g. reinforcement, modelling, punishment) to modify child behaviour.

In contrast to parent skills training which work directly with parents only, the family skills training involve the children as well as the parents. Generally family skills training is provided by a trained, certified leader in either clinical or non-clinical settings. Instruction involves interviews, discussions, role playing and reinforcement, demonstrations and skill acquisition.

There are many family skill training available. In this paper we will discuss briefly on the training programme with the family systems. Orientation and the conceptual relationship to drug abuse prevention programming.

Relationship Enhancement (Guerney, 1977) is an example of family skills training that teaches participants a set of skills that will enable family members to relate more effectively and constructively with each other in a highly structured and systematic manner. Besides, the participants are taught to eliminate dysfunctional patterns of interpersonal interaction. Structured Enrichment (L'Abate, 1975) is actually a model of programmed intervention. From this model, one may acquire skills of organisation, cooperation, decision-making, crisis resolution, assertiveness, value identification, communication, adaptation, verbal and non-verbal expression. Next example is Understanding US (UU). UU is developed by Carnes (1981) which enables family members to explore their family functioning and identity. UU emphasises wellness and health promotion and the inclusion of all family members in the learning process. The last example Family Effectiveness Training (FET) assumed that drug abusing behaviour is a symptom of intrafamily psychosocial conflict. FET aimed to reorient parent-parent and parent-child interaction in order to develop healthier interactional patterns. The major components of FET are Family Development/Parenting Skills Training, Bicultural Effectiveness Training, and information on drug abuse taught within a family context.

After discussing the two major type of training, we proceed to discuss the third type of training, i.e. Peer Training. Basic assumption made in the peer training programme is that the

principal reason that adolescents begin to take drug is peer pressure. In another words, adolescents begin to use drugs because they lack the necessary skills to resist pro-drug-use pressure. As a consequence, peer training is introduced.

Perry et al. (1980) have suggested a peer teaching programme in the smoking prevention among junior high students. The programme (called Project CLASP - Counselling Leadership About Smoking Pressures) was based on Bandura's social learning theory (Bandura, 1977). Project CLASP consisted of teams of high school students who led seventh grade classes at the adjoining junior high school for small group discussions. In the discussions, the pressures to smoke is presented using slides and viedotapes, and the methods to resist pressures (from peers, parents, media) to smoke is modelled and rehearsed.

Another peer training is provided by Smart. Bernett and Fejer (1976) named 'Peer Group Approach'. This peer training consists of programmes run by peers, and are implemented by having discussion classes. Student leaders are provided with films and literature about drug, mainly marijuana and LSD. Material used in the presentations and discussions are chosen by the student leaders who discussed their curricula plans with a consultant.

Although peer relationships are often viewed as a subversive force enticing children into drug abuse, constructive peer relationship/influences are centrally embedded in the

socialisation of youths and are pagnostic indicators of future psychological health. Johnson (1980) has suggested a strategy which made use of the idea of constructive peer relationships/influences. The strategy emphasised on the importance of the peer group for constructive socialization, and includes a prevention programme that can be implemented within schools, using peer relationships to promote healthy social development of all students. The major techniques used are cooperative learning entails assigning a group goal, and learning of social skills. Students are taught to seek out social support for resistance to inappropriate peer pressure to facilitate the development of automony which is needed for adolescents and children to resist peer pressure.

Dorn (1981) disagreed with the popularly held views that 'peer pressure' is a factor that leads to corrupt youth behaviour. Therefore he employed another strategy named as 'materialist' approach. The materialist perspective stresses material conditions and social groups as the prime analytic limits. Instead of conceptualising youth as a period of development of an individual, the 'materialist' approach views the individual of that period of being in transition from one social class to another which he sees as belonging to: labour, capital or services. The youth readily enters into the aspired role of the adult, reflecting his independence and accepting the norm and behaviour as well as the rule of the culture he finds himself in. The 'materialist' approach, makes a change in

theoretical thinking necessary. As a result, drug education is now joined to careers education and general school-leaving orientation to give it more realism.

Another general strategy used in the social competency approach is by health promotion. The concept of health encompasses at least four interrelated domains, these include physical health, psychological health, social health, and personal health (Perry and Jessor, 1983). Generally, efforts to promote health can be divided into two main types, (a) those that are oriented towards weakening, reducing, and eliminating behaviour that compromise health; (b) those that are oriented toward introducing, strengthening and reinforcing behaviours that enhance health and that may, in addition, be incompatible with health compromising behaviour.

Generally, health promotion programme has employed three major modality. The first modality is the health campaigns focus on changes at the larger, impersonal environmental level. For health campaigns, the emphasis is on the awareness, knowledge, motivation, trail behaviour, and larger environmental changes. Educational interventions are the second modality, which focus on changes in the immediate, personal environment of individuals in the community and of targeted sub-groups such as health professionals, physicians, restauranteurs etc. The third modality is community-organisation programmes which focus on changes in the social environment through the identification and

education of key community leaders, organisation of task forces on the overall programme, smoking, eating, exercise, and hypertension, and community-initiated projects such as community-wide walks (Volksmarching) and changes in grocery store food product labelling.

Several health promotion programmes will be reviewed as follows:

The report of Legg (1980) on the Elementary School Mental Health Project gives an example of the strategy discussed above. The main components of this project is counselling, consultation, health education, programme development and research. Briefly, counselling refers to individual interventions with a single individual or to group work with individuals who have specific interest on problems. Consultation is different from counseling in the sense that the purpose for consultation is to share knowledge and perceptions about individuals, to develop helping strategies, and to monitor progress. Counselling and consultation can be carried out either individually (i.e. individual counselling/consultation) or in a small group (i.e. group counselling/consultation). Besides these two techniques, for large group of students, mental health education can use alternative techniques such as lectures, small group discussions, inservice education and information dissemination.

Georgia Life Skills for Mental Health Programme was evaluated by Dusewicz, Russel and Martia (Dusewicz et al., 1981). This is another health promotion programme which has two goals. A short term goal is to help students cope successfully with social and emotional problems, while the long term goal is to prevent mental health problems which require long and costly remediation and to enhance the lives of students and families. The conceptual framework for this programme is a primary prevention strategy formulated by health services. In this programme, activity guides for elementary/secondary student are given, including the teacher inservice workshops. As for the ways of implementation the programme is carried out by a network of community mental health training teams.

The International Know Your Body Programme is a large scale health promotion programme which is carried out in fifteen countries. Each country designed its own within-country research projects e.g. the North Karelia (Vartianinen, 1982) and the Oslo Youth project (Tell, 1982). Generally for the International Know Your Body Programme, interventions are conducted in schools. They consist of a general screening of health habits and risk factors, feedback to students on their risk profile via a Health Passport, and teacher-facilitate classroom activities in nutrition, drug use, smoking and physical activity.

The Stanford Heart Disease Prevention Programme is another large-scale health promotion programme (Perry and Jessor, 1983). Generally in this programme, intervention consisted of a peer-led drug abuse prevention programme involving social skills training sessions, school environment changes (including P.A. announcements, posters, and t-shirts), and an alternatives programme involving health education and exercise for high-risk students.

In the earlier part of this section, we have discussed the techniques of skill training and health promotion programmes in social competency approach. In the following discussion, we will be concerned with alternatives to drug abuse as a technique to prevent drug abuse. The concept of alternative to drug use was one of the first responses to the problem (Wald and Abrams, 1972). This approach is actually an approach using alternative programmes such as planned-for activities to prevent individuals from becoming abusers or drug-dependent users. The philosophy is that some persons engage in illicit drug use because they cannot find worthwhile, self-fulfilling, alternative activities in which to engage.

The theoretical basis for alternative programmes is that participation in activities which foster a positive awareness of self and others, and which offer exposure to a wide range of enjoyable and rewarding non-drug activities will deter drug and alcohol abuse. Therefore, alternative programmes provide

challenging positive growth experiences in which people can develop the self-discipline, confidence, personal awareness, self-reliance, and independence they need to become socially mature individuals. In this paper, our main concern is on programmes for adolescents and youths. As for young people, the alternative programmes provide opportunities where they can increase their range of experiences, learn craft skills, be assured about their own value, and savour the lasting satisfaction that comes from being an involved, responsible, and trusted member of the community. A critical ingredient in a youth alternatives programme is that young people have a very real form of ownership and self-investment in the programme. These programmes foster constructive peer pressure, created by work together on meaningful tasks that meet community need and that are recognised by community leaders as a valued contribution to the improvement of the quality of life within that city, town, or country. The programmes range from providing leisure activities to forming activity or interest groups. In this approach the determing factor will be the interests and wishes of young people to take part in such programmes.

Basically, according to Swisher (1983), there are four models of alternative programmes relevant to prevention of drug abuse by adolescents and youths. The four models are:

a. Providing specific activities for young people.

b. Matching specific types of needs with specific types of activities.

c. Reinforcing participation in existing alternative actitivies.

d. Facilitating youth-directed groups in the process of initiating self-selected activities (Swisher, 1983).

Specific Activities

The assumption made in this model is that young people in the community could be provided with real life experiences that would be as appealing as the use of drugs and would in turn preclude their involvement with drug. The emphasis is on changing the affective-cognitive state of an individual, or in other words as stated by Weil (1972) altering states of consciousness. Therefore this approach involves the opening of youth centres that provided a unique activity or a specified set of activities for the young people in a community, for example, operating a radio station.

Matching Needs With Alternatives

In this approach, Cohen's (1971) model is the most well-developed one. Figure 1 below illustrates four of Cohen's levels of potential unmet needs and alternatives activities that would accommodate those needs.

FIGURE 1. Examples of Cohen's approach to alternatives

Level of Experience	Corresponding Motives (Examples)	Possible Alternatives (Examples)
Physical	Desire for physical satisfaction, physical relaxation, relief from sickness, desire for more energy, maintenance of physical dependency.	Athletics, dance, exercise, hiking. diet, health, training, carpentry or outdoor work.
Sensory	Desire to stimulate sight, sound, touch, taste, need for sensual-sexual stimulation.	Sensory awareness training, sky diving, experiencing sensory beauty of nature.
Emotional	Relief from psychological pain, attempt to solve personal perplexities, relief from bad mood, escape from anxiety, desire for emotional insight, liberation of feeling, emotional relaxation.	Competent individual counseling, well-run group therapy, instruction in psychology of personal development.
Inter-personal	To gain peer acceptance, to break through interpersonal barriers, to "communicate," especially non-verbally, defiance of authority figures, cement two-person relationships, relaxation of inter-personal inhibition, solve inter-personal hangups.	Expertly managed sensitivity and encounter groups, well - run group therapy, instruction in social custom, confidence training, social-interpersonal counseling, emphasis on assisting others in distress via education, marriage.

SOURCE: Swisher, 1983

In contrast to the previous approach, which involves group activities, this approach is concerned with activity to suit individuals.

Enhancing Existing Alternatives

The third model focussed on the existing alternative activities for youth. In this model, the alternative programme involved the application of reinforcement techniques to encourage and expand existing alternative small group actitivies (e.g., Swisher et al., 1972). For that purpose, a group leader will have discussions with students regarding current non-drug activities which were positively responded to. Individual who were involved in positive alternatives served as role models for the group members who were less involved. It is hoped that the involvement with drugs will be reduced by increasing the overall level of participation in alternative activities.

Self-Directed Youth Alternatives

Channel One is the most recent model of self-directed youth alternatives. The Channel One process involves a local prevention professional and a regional sales manager who meet to identify community needs. Subsequently community leaders are identified and they form a steering committee of adult consultants. The steering committee recruits young people to form Channel One Groups that have responsibility for initiating alternative activities of their own choosing. This

self-directed alternative assumes that young people will become less involved with substance abuse.

5.0 An Assessment of the Effectiveness of Selected Approaches in the Prevention of Drug Abuse

In the previous sections, we have discussed the three major approaches used in prevention of drug abuse. In the following section, we will be concerned with the effectiveness of the selected approaches discussed previously. The evaluation studies on the strategies/techniques/methods under the three major approaches are summarised in table form, and an overall general conclusion for each major approach is provided.

5 1 Evaluation Studies on the Knowledge/Attitudes Approach

Generally, the Knowledge/Attitudes Approach has succeeded to change the knowledge of the subjects. Most of the subjects attended the programme of this category showed increase in knowledge about drug and its effects for short term. Unfortunately most of the knowledge acquired were eroded after 3 months In addition to this, some of the programmes might even stimulate the subjects' to experiment with drugs. The main reason is that the information provided in these programmes may have aroused the curiosity of the non users thus resulted in some experimentation with drugs. In the study done by Swift. Dorn and Thomson (1974) on the effectiveness of five types of drug education lessons. lessons involving films which focussed on individual drug takers have led to a tendency for pupils to see drug users as more like themselves. However Blum (1975) concluded that the prevention programmes may stimulate a small

Table 1: Summary of Evaluation Studies on Strategies/Techniques Under the Knowledge/Attitudes Approach

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Swift, Dorn Thomson (1974)	England and Wales n = 1290 Pupils aged 14 - 18	i) teacher centred lessons (fact-giving)	Generally none of the lessons were clearly preventive (or favourable to drug taking) in long term. However, increase in drug knowledge for short term is observed.
		ii) lessons involving films a. medical (fact-giving) b. pharmacological (fact-giving) c. personality (scare tactics) d. shock (scare tactics)	A comparison on lessons with film and non-film lessons shows that lessons involving film were not shown to have any particular advantages over non-film lessons.
Duncan, David (1979)	Kent State University - 7th grader	i) Factual/entire group lecture ii) Factual/small group discussion iii) Causal/entire group discussion iv) Causal/small group discussion (all fact-giving)	3 major dependent variables, drug knowledge, behaviour knowledge and drug related attitudes are measured by a 25 item Drug Knowledge Scale, an 18 item Behaviour Knowledge Scale and a 45 item Development Attitude Toward Drug Scale respectively Significant level α = 0.05 In imparting drug knowledge, lecture approach is more effective than a discussion approach, and factual approach have a greater influence on drug knowledge than than causal approach. Causal approach was shown to significantly influence understanding of human behaviour. None of the lessons affect significantly overall drug related attitudes

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Mathews (1975)	State of Mississippi	Converting mode: a. 'Directing' style b. 'Preaching' style c. 'Convincing' style (all fact-giving) d. 'Scaring' style (scare tactics).	None of the methods are preventive in long term. In 'directing' and 'preaching' styles. students became rebellious and this tended to end further communication between teacher and students. In 'convincing' style, student felt frustrated because they are not being able to match the teacher on the cognitive level and the lesson ended usually with neither side listening to the other.
DeHaes Schuman (1975)	Rotterdam n = 1035 Pupils of 14 - 16 from variety of schools.	i) Mild Horror Approach (scare tactics) ii) Factual Approach (fact-giving)	In 'scaring' style, increase in knowledge about drug for short term. Ineffective in long term. For both methods, a short-term increase in knowledge occurred. However, after 3 months, most of these gains were lost. Mild Horrow and Factual Approach had only temporary effects on knowledge and attitudes. Neither prevent subsequent experimentation. Mild Horror group showed a short term change towards the view that drug use is harmful and should be prohibited. This effect disappeared after 3 months.

increase in drug use, but they reduce the chance of students increasing their drug use to a great degree.

In the beginning of section 4.3.2, we have mentioned that mass-media play an important role in disseminating the information to general public about drugs and its effects. In the following, we will discuss in more detail the effectiveness of mass-media in the prevention of drug abuse. Television is the pre-eminent mass medium among adolescents. Pearl et al. (1982) and Roberts (1983) suggested that behavioural learning does occur during viewing. Advertising of cigarettes, alcohol and proprietary drugs throughout the mass media may be responsible for adolescent exposure to drug use. Martin (1981) in his study on the relation of television advertisements to the drug use among college students indicated that the more time subjects reported viewing weekday television, the more likely they were to be marijuana users. In a study of drug information sources among college students by Hanneman (1973) it was found that trustworthy, personal informants to be more important sources of drug information than media among users. However media was found to be one of the most important sources of drug information among the non-users. So, it could be concluded that mass media can play an important role in preventing substance abuse.

Apart from influencing the individuals by 'natural' media such as entertainment, advertising, and news, mass media could be used more directly for prevention of drug abuse. This can be achieved by airing health promotion programmes in the form of

media campaigns. Most of the media campaigns aimed to influence the behaviour of the audience. To influence the behaviour, there are three stages that a campaign must go through.

a. Create an appropriate cognitive structure (i.e., what people know and understand).

b. Create an appropriate motivational structure (i.e., what people want to do), and

c. Create an appropriate action structure (i.e., what people actually do and how this can be facilitated) (Cartwright, 1949). Almost all the early campaigns went through state a and stage b., that is providing information on avoiding fear. These campaigns were often successful at changing knowledge.

They are, however, successful at changing attitudes, and rarely successful at influencing behaviour change (Atkin, 1979; Cartwright, 1949; Flay, 1981; Flay et al. 1980)

Anti-drug abuse public service announcements (PSAs) over the years 1968 - 1972 were reviewed by Capalaces and Starr (1973) and they found that PSAs were ineffective. The main reasons were:-

a. scare tactics were used and which were not concordant with subjective reality (e.g. all adolescents who take drugs do not overdose as some PSAs implied).

b. target audiences were rarely identified,

c. station managers (gatekeepers) were not well informed and therefore, allotted haphazard energy and effort to scheduling. and

d. appropriate audiences were not "reached". (Flay and Sobel, 1983).

Goldstein (1974) analysed the content of published and unpublished research papers in the fields of broadcast-mediated drug education between 1968 and 1972. Based on the review, Goldstein concluded that television is the most effective medium with which to promote drug abuse prevention. Further the message conveyed was most effective if the source had credibility, was knowledgeable and was conveyed by someone with whom the audience could identify. The author has also concluded that the most effective content was educationally oriented material (based on scientific fact) with minimal reference to fearful consequences but provoking some discomfort and stating clear cut suggestions for alternative behaviour

Trager (1976) tested the effects of four drug (heroin) education films on adolescents' subsequent discussions with their familis or peers. The study indicated that 10% of the exposed adolescents, as compared to only 5% of a control (unexposed) group, reported discussing any of the films with their parents

Results also indicated that there were important sex differences more specifically female subjects (15%) were three times more likely than male subjects (5%) to discuss the film with their parents. Such interaction were more likely to occur in "Pluralistic" or

"laissez-faire" homes (16% and 18.5% respectively) than "protective" or "consensual" homes (4% and 4.5% respectively). Students were almost four times as likely to discuss the film with their peers (38%). Female students were more likely to do so (52% compared with male students (25%) (Flay and Sobel, 1983)

Later in the year 1978. Wong and Barbatsis (1978) tested the level of knowledge and attitude change caused by educational television drug information programmes and group discussion. The subjects were given the choice to study in groups or study alone in the programme. For the self-study groups they will watch educational television programme alone whereas for the subjects study in groups a discussion was held after watching the programme. The programmes produced significant knowledge and attitude change both in the subjects who self-selected to study in groups and study alone.

In conclusion the majority of mass media drug abuse prevention programmes were successful at changing knowledge of the audiences, but have failed to change behaviour. Generally there are three major reasons for the failure to change behaviour. One major reason is that most PSAs campaigns literally fail to even reach the audience. Obviously, peoples' behaviour cannot be affected if the campaign does not even reach them. Hersey et al. (1982) noted that to affect the purchase behaviour, an average of three exposures for an advertisement is required So it probably takes even greater exposure to influence health behaviour. Another major reason for the failure

of most PSA campaigns has been heavy reliance on information and fear messages. As discussed earlier, information-oriented programmes are ineffective at changing behaviour. Regarding fear-based messages, Atkin (1979) noted that teenagers are particularly likely to counter-argue against such messages. The last major reason is the tendency for PSAs to be directed to unidentifiable audience segments (Capalaces and Starr, 1973; Hanneman et al., 1973; Rappaport et al., 1975).

As mentioned earlier for a media campaign to change health behaviour it must go through the message structure outlined by Cartwright (1949). In addition to that Flay and Sobel (1983) have emphasised on other factors that must be taken into considerations.

a The need for more careful planning of media products and for more formative evaluation during product development. (Flay et al., 1980; Solomon 1982; Wallack 1981)

b. Programme or campaign dissemination issues. Majority of the campaigns particularly PSA campaigns probably has failed because they were not well disseminated therefore cannot lead to the levels of reach and frequency necessary to ensure adequate exposure. No effects can be expected if the audience is not reached.

c The use of multiple channels including supplementation of media programming with other campaign activities.

d. Audience selectivity and interpersonal communication as mediators of media effects. Klapper (1960) and Katz (1980) have suggested that a major mediator of media effects concerns individual selectivity. Individual selectivity is defined as individual predispositions to attend or not attend to messages on particular issues. Cartwright (1949) and Katz (1980) have also identified level and direction of interpersonal communication among the target audience as being major mediators of mass media programme effectiveness Johnson (1983; Johnson and Ettema, impress) in a children based study noted that children who viewed and discussed a television series in the classroom showed more changes than children who did not have the opportunity for discussion after viewing the same television series in the classroom (group discussion is an effective form of interpersonal communication).

e. The need for more frequent and improved summative evaluation (Flay et al 1980; Flay and Cook, 1981; Flay and Sobel 1983)

Knowledge/Attitudes Approach which is sometimes considered as the traditional educational approach to substance abuse prevention appear to be inadequate because they based on faulty assumptions and are too narrow in their focus. In this approach it is assumed that knowledge change will lead to attitude change which in turn will lead to behaviour change. But in actual case,

a successful demonstration of a relationship between attitudes and behaviour does not imply that a relationship between attitude change and behaviour change will be found (Goodstadt, 1978). In addition to this, there is evidence that behaviour influences attitudes more than attitudes alone influence behaviour.

As a final word the presentation of factual Knowledge alone does not seem to be an effective method of producing attitudinal or behavioural changes

.2 Evaluation Studies on the Value/Decision Making Approach

Based on the limited evaluation studies in this section, it is difficult to make a general conclusion on the effectiveness of this particular approach However several observations are possible.

Firstly, based on the study by Hartman (1982) it is possiole to make positive changes on self concept through a ten day intervention of PALEFIRE drug prevention programme The significance of this programme is that the student is able to have a more positive self concept of himself and the implication is that he will be less likely to experiment with drug. The reason is because there is a strong relationship between the self concept and drug taking. Students with more positive self concept are less likely to be involved in drug taking.

Secondly, a conclusion based on Dorn (1977) who evaluated a course design to teach decision-making skills is that

Table 2: Summary of Evaluation Studies on Strategies/Techniques under the Value/Decision-Making Approach

Authors and Year	Location, Sample Size N And Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Hartman, T.D. (1982)	Public education classroom students (high school and elementary school)	PALEFIRE Drug Prevention Programme's Self-Concept Module (Value approach)	Pre, and post-test on self-concept scores were determined by Tenesse Self-Concept Scale for high school students and Piers-Harris children's self-concept scale for elementary school children. Result of this evaluation study was that PALEFIRE may be considered a viable programme at the elementary grade level in promoting positive self-concept. As conclusion, a ten-day intervention is substantial enough to have positive impact on the self-concept of youth people at the elementary grade level. Besides, the programme similar to PALEFIRE should focus on the upper grades of elementary school
Dorn, (1977)	i) England n = 1278 pupils ii)Denmark n = 533 pupils	Situation-oriented approach (Decision-making approach)	Data collection instrument is the 19 page questionnaire to test pupils' knowledge and decision-making skills in relation to a number of legal and illegal drugs (tobacco, barbiturates, L.S.D., cannabis, amphetamines, heroin and alcohol). Based on the comparison of the scores attained by pupils in the experimental groups and control groups, it can be concluded that prototype course was successful in increasing pupils factual knowledge (basic knowledge, knowledge of effects of drugs when taken, knowledge of longer term effect of habits). and was also successful in increasing pupils' decision-making skills, but the increase was smaller than the knowledge increase. Although prototype course appears relatively 'liberal', it did not cause any increase in experimentation with either legal or illegal drugs up to 3 months after the end of teaching. (findings were similar in both English and Danish schools, therefore suggests that they are not due to a fluke).

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
DeHaes and Schuman (1975)	Rotterdam n = 1035 pupils of 14 - 16 from variety of schools.	Education for Personal Relationship (EPR) (decision-making)	Evaluation based on the knowledge, attitudes and behaviour change. As for knowledge, increased in short-term, but most of these gains were lost after 3 months. For attitudes change, students moved strongly towards the opinion that drug use is not a deviant behaviour and that this cannot be a good reason for prohibition. As for behaviour, existing regular users of cannabis (2% - 4%) in the classes of EPR reported that their ue was unaffected by the programme. 2.6% of pupils in EPR experimental group (total of 189) reported that they started to use cannabis after their lessons, and the percentage for control groups is 3.6%

students' knowledge increased significantly after the course together with an increase in the students' decision-making skills In addition to this Dorn (1977) found that there is no increase in curiosity level of students after the course for a period of three months. An important implication from this study is that the decision-making skills can be effectively taught in the classroom without increasing the level of experimentation of the students

Lastly in the study by DeHaes and Schuman (1975) in Rotterdam in the programme entitled Education for Personal Relationship (EPR) which emphasised decision-making skills an increase in the knowledge about drug and its effects were also reported. In addition to this the study found that students after the EPR developed a more positive and liberal attitude towards drug taking. More specifically the students held the opinion that drug taking was not a deviant behaviour and thus should not be prohibited. There were also a small increase in the use of drug reported from the experimental and the non user groups while the regular user was not affected at all

In view of the limited numbers of studies available, it is difficult to come to any definite conclusion. There are strong theoretical reasons for programmes which are intended to help students develop skills in making decision and also in clarifying their value system. A more detailed evaluation of experimental studies in this area is necessary.

5.3 Evaluation Studies on the Social Competency Approach

Drug abuse prevention programmes under the Social Competency Approach are the more recent programmes used in preventing drug taking. In this approach several strategies have been used mainly to enhance personal competence through the development of basic life skills and the acquire problem-specific skills and knowledge designed to increase subjects' ability to resist the various forms of social pressure to use drugs. The strageties discussed and evaluated include skill training parenting and family life programme peer training health promotion and alternatives to drug abuse

Studies in skill training by Botvin et al (1980) using a sample of 8th 9th and 10th graders in New York concluded that life skill training was effective in reducing the incidence of new smoking. There was also indication that it is most effective for the 8th graders Later in a similar study by Botvin et al. (in press) it was suggested that the effectiveness of the life skill training programme can be maximised with the use of 'booster' sessions

In another study by Botvin et al (1983) also on life skill training he found that it was effective in reducing the use of marijuana among students in the seventh to tenth grade There are strong indications that peer-led sessions appeared to be more effective than teacher led sessions. However Pentz (1980a) in a study of social skill training found that teacher trainers were

Table 3: Summary of Evaluation Studies on Strategies/Techniques under the Social Competency Approach

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Botvin, C.J.; Eng A., and Williams, C.L. (1980)	Suburban New York n = 281 of 8th, 9th, 10th graders	Life skills training (skills training)	Data collection instrument is the questionnaire with response to self-reported smoking status, smoking knowledge, psychosocial knowledge, locus of control, self-image, influenceability, and the need for group acceptance. The questionnaire had a 0.65 test-retest reliability over a 3-month interval. Significantly (with level $\alpha \leq 0.01$) fewer students in the experimental group (4%) began smoking than in the control group (16%). The programme was 100% effective in preventing the onset of smoking among the 8th graders, 75% effective among the 9th graders, and 44% effective among the 10th graders. Generally, the strategy reduced the incidence of new smoking by 75% and was most effective with the 8th graders.
Botvin et. al (in press)	Suburban New York n = 902 of 7th graders from 7 schools	Life Skills Training (LST) i) treatment of LST once a week for 15 weeks ii)treatment for LST several times a week for 5 weeks iii)a control group (skills training)	Saliva samples were collected in order to ensure high quality self-report data. In the initial post-test, no significant differences between the 2 scheduling formats. However, at the one year follow-up, scheduling format which is more intensive was more effective for all measures (monthly, weekly, and daily) of smoking status. Comparison of the combined experimental group and the control group indicated significantly fewer new smokers using monthly recall measure (15% vs. 22%), the weekly measure (8% vs 15%); and the daily measure (6% vs 11%). Best non-"booster" group had an onset rate for regular smoking of 5% (compared to a 15% rate for the controls), and the booster group had an onset rate of only 2%. The result indicated that providing students with additional "booster" sessions can help to maximise the effectiveness of the prevention programme.

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Botvin et al. (1983)	Suburban New York N = 1200 7th graders from 10 Junior high schools	Life Skills Training, Preventive Curriculum with Methods:- i)teacher-led ii)teacher-led plus booster sessions. (skills training) iii)peer-led iv)peer-led plus booster sessions (peer training) v)control	Data collection instrument is self-report post-test and generalisation measures and by an in-vivo behavioural measure of transfer. All the 3 sessions of training effected significant increase in assertive behaviour. Out of the 3 types of training, teacher trainers produced more increase in assertiveness than parent or peer trainers. Unassertive students perform better on self-report and worse on behavioural measure relative to aggressive behaviour. Generally, social skills training may have a long-term cost-benefit advantage over the traditional behaviour intervention which required longer sessions to produce behavioural change.
Pentz (1980a)	Unassertive and aggressive students	Social Skills Training with trainer:- i) teachers ii)parents (skills training) iii)peers (peer training)	

Authors and Year	Location Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Pentz (1980b)	Unassertive and aggressive student	A follow-up of above. (Pentz 1980a)	In relative to students with parents or peers as trainers, students with teachers as trainers were more likely to perceive them as fulfilling a trainer role for social competency training.
Smart, R.G.; Bennett, C.; and Fejer, D. (1976)	Ontario, Canada n1 = 267 - 267 (experimental) n2 = 133 - 139 (control) 9th grader	Peer Group Approach (peer training) 6 sessions drug education run by peer	Data collection instrument is questionnaires, collected before the study and at a follow-up 6 months after the first session. The experimental groups also completed the questionnaire immediately after the 6th session. For both the experimental and control groups increase their use of drugs (e.g. alcohol, marijuana, solvents and other hallucinogens). with a slight increase in the number of drugs used in the experimental group. As conclusion, inadequate preparation of peer leaders and inadequate control of classes may have contributed to the programme's inability to reduce drug use.
Evans, et al. (1979)	Houston, Texas n = 750 (initially) n1 = 270 (experimental) n2 = 404 (controls) 7th graders	Coping with peer pressure, media pressure, and parent modelling. (skill training)	Data collection instruments are questionnaires; self-reports, smoking behaviour instrument; and saliva specimen collections. In the experimental groups, rates of onset-of-smoking is reduced. Nicotine analysis videotape may have been persuasive to the children since it demonstrated the immediate, rather than delayed, physiological effects of smoking. The conclusion for the investigation is that smoking prevention programme in school should use instead of messages emphasising the long-term dangers of smoking, the message stressing the immediate effects of smoking on child's body to reflect the childs' present-oriented time perspective.

Authors and Year	Location Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Kearney, A.L.; and Hines, M.H. (1980)	Appleton, Wisconsin n = 1434 (985 experimental and 449 control) Elementary school students (2nd graders to 6th graders)	Drug education programme (developed by Cooperative Education Service Agency Number Eight)	Data collection instruments are Piers-Harris children's self-concept scale, decision-making survey, drug attitude inventory, drug factual surveys. Generally, significant overall differences were found between experimental and control groups in self-esteem, decision-making ability, drug attitude in primary grades, and the extent of drug information. No significant differences in drug attitude were found at the intermediate level (grades 4 - 6).
Iverson, D.C., and Roberts, T.E. (1980)*	Toledo, Ohio n = 111 Youthful abusers and their parents; adolescents (12-17) and mature adults	The Juvenile Intervention Programme (Parent-Family-Life Skill Training)	Data collection instruments are questionnaire, self-report and count records to verify criminal justice system contacts. About 42% of the participants found each of the sessions very useful in helping them understand family dynamics. About 60% of the respondent's rated the individual sessions as being of great value in their everyday lives, with an additional 36% indicating that the sessions were of some value. About 34% felt that the sessions very useful in helping them to understand their current family problems. Only about 10% of the participants found that the sessions were not very useful. As for the staff, 83% of the participants rated as being very useful, with another 14% rating them as being somewhat useful. As for the overall programme, 2/3 of the participants were very satisfied with the programme, while the remaining 1/3 reported being somewhat satisfied. As for conclusion, the Juvenile Intervention Programme positively affects family communication patterns, self-esteem levels, drug knowledge levels, and drug-related contacts with the school and criminal justice systems. The programme also reduces drug use by regular users for certain drugs.

Authors and Year	Location, Sample Size n And Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Perry, et al. (1980)	California n = 689 Junior High School students 10th grader	Peer Teaching (peer training)	Self reports, carbon monoxide breath tests are the instrument used in collecting the data. (with correlation at significant level α= 0.001). Between treatment and control schools, significant differences were found on the self-reports of smoking behaviour which maintained for 6 months. As a conclusion, this peer teaching programme which was based on social learning principles can produce positive changes in smoking behaviour. The use of older peers as models and teachers and the use of a student-centered curriculum involving role rehearsal and public commitment appears to have countered the existing peer culture in one school.
Stauber, K.W. (1982)	n = 38 (19: experimental) (19: control) field experiment on parents of adolescents	Family therapy "How to survive your child's adolescence." (Parenting Skill Training)	Significant increase on the Family Functioning Index and Parent Relationship Change Scale after the intervention for experimental group. No significant difference on the Family Interaction Measure. As for conclusion, the intervention helped the participants to perceive and report improved family relationships and improved parent-adolescent relationship. The participants felt that the workshop was very worthwhile, and that it helped them to feel better about themselves as parents.

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Cullen, (1968)	Not specified.	Systematic Training for Effective Parenting (STEP) (Parent Skill Training).	Cullen reported that mothers felt they benefited from the knowledge, learned skills, and became more aware of their role after the training.
Berett, (1975)	Not specified.	Same as above.	Mothers were less authoritarian after they attended training.
Freeman, (1975)	Not specified.	Same as above.	Freeman reported that mothers were not only less authoritarian, but also less controlling.
Gordon and Davidson, (1981)	Not specified.	Bahavioural Parent Training. (Parent Skill Training).	In their study, they had found evidence showing that parent can acquire new behaviour skills from verbal training methods.
D'Augelli et al. (1974); Collins, (1977); Guerney et al., (1983) and Ginsberg, (1977)	Not specified.	Relationship Enhancement. (Family Skill Training).	Relationship Enhancement has already been favourably tested in controlled experiment with pre-marital couples (D'Augelli et al), newly married couples (Collins), mothers and daughters (Guerney), and fathers and sons (Ginsberg). The most dramatic improvements in these above relationship tested have been in the area of communication and mutual satisfaction.

Authors and Year	Location, Sample Size and Sample Type	Strategies/Techniques/ Methods Evaluated	Criteria/Result/Conclusion/Comment
Gordon, T. (1980)	Not-applicable	Parent Effectiveness Training (PET) (Parent Skill Training)	Based on his review on 25 studies, he has found out a number of changes in the parent after PET. Among the changes are:- i. Parent showed increased confidence in themselves in the role of parents. ii. Parent showed increased acceptance, trust in and understanding of their children. iii. Increase in democratic attitudes and decrease in authoritarian attitudes. iv. Improvement in overall parental attitudes and chil-rearing behaviours, and v. Improvement in their self-esteem. As for the changes in children, they showed progressive increases in the level of moral reasoning on Kohlberg's Scale and felt more accepted as individuals by their parents.
Gabel (*no date*)	Not specified	Ginott's Parent Education Programme (Parent Skill Training)	Mothers of kindergarden children who attended guidance groups showed increased emphasis on mutual parent-child understanding.
Perlstein (*no date*)	Not specified	Ginott's Parent Education Programme (Parent Skill Training)	Mothers with skill training plus reading showed the most gains in the targeted attitudes, however after 6 months, the gains achieved through skill training had eroded by 50%.

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques Methods/Techniques	Criteria/Result/Conclusion/Comment
L'Abate, (1977)	Not specified.	Structured Enrichment (SE) (Family Skills Training).	L'Abate reported that families that participated in SE demonstrated improved functioning with regards to perceived family well being when compared with families that received no intervention. SE was effective with both clinical and non-clinical families, it appeared to be more effective with non-clinical families.
Rio et al. (1983)	Not specified.	Family Effectiveness Training (FET) (Family Skills Training).	Rio et al. have reported significantly greater reduction in high-risk variable (e.g. child conduct disorders) of families and children in FET than families and children in FET than families and children who did not participate in FET.
Ventura and Dundon (1974)	Not specified.	Specific Activities (Alternatives to drug use).	In their evaluation on Outward Bound type of programme, there was not any statistically significant differences between the group of participants and the control group. However, they concluded that the participants' self reports, and behavioural observations of the participants revealed positive changes.
Jessor and Jessor. (1977); and Kandel (1978).	Not specified.	Specific Activities (Alternatives to drug use).	Involvement with religion as a specific alternative activities is associated with less use of various substances.

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques Methods Evaluated	Criteria/Result/Conclusion/Comment
Bowker (1975); Turner and Willis (1979); and Yohe (1981)	Not specified.	Specific Activities. (Alternatives to drug use).	Greater participation in religious activities ws associated with lower levels of use of substances.
Warner et al. (1973); Swisher et al. (1972); and Swisher et al. (1973).	Junior high level. Senior high level. College level.	Enhancing Existing Alternatives. (Alternatives to drug use).	All these studies at different levels showed that the knowledge level of participants significantly increased, but the levels of use and the attitudes of students did not change.
Warner and Swisher (1976)	Junior high students.	Enhancing Existing Alternatives (Alternatives to drug use).	Warner and Swisher concluded that a significant and positive change in the student's expressed willingness to try drugs.

Authors and Year	Location, Sample Size n and Sample Type	Strategies/Techniques Methods Evaluated	Criteria/Result/Conclusion/Comment
Swisher and Hu (1983)	n = 14000 Students in grades 7 to 12 (An evaluation study by the Pennsylvania Department of Education 1981/82)	Alternatives to drug abuse.	Some of the major findings of this study are as follows:- i. Entertainment activities were significantly associated with use of cigarettes, beer, marijuana, inhalants, depressants and stimulants. ii. Academic activities were associated with less use of beer, marijuana and stimulants. iii. Participation in sports was associated with less use of cigarettes, marijuana depressants, hallucinogens, and stimulants; however, sports were significantly associated with more use of beer. iv. Participation in social activities was associated with more use of everything v. Involvement in religious activities was associated with less use of cigarettes, beer, marijuana and stimulants. vi. Active hobbies were associated with less use of beer and stimulants. vii. Participation in extra-curricular activities was associated with more use of cigarettes, beer, marijuana, inhalants, depressants and stimulants. viii. Participation in vocational activities was associated with more use of all substances in the questionnaire.

much more effective than trainers who were parents and peers. The sample used, however, was a special group of unassertive and aggressive students. The result above was further supported by Pentz's (1980b) follow-up study.

Smart et al. (1976) also did a study with regard to the use of peers for training purposes. They recommended that the peer leaders must be trained adequately so that positive results can be obtained. In addition to this, a study by Evans et al. (1978) found the importance of using messages which emphasised the short-term or immediate effects of smoking rather than the long-term dangers of smoking. They found, in general, that skill training which help the seventh graders to cope with peer pressure media pressure and parent modelling was effective in reducing the onset of smoking.

There are a number of evaluation studies on the parenting and family life programme. Studies on the Juvenile Intervention Programme using a sample of young abusers adolescents mature adults and their parents by Iverson and Roberts (1980) indicated that the programme positively affected family communication patterns, self esteem levels drug knowledge levels and drug related contacts with the school and criminal justice systems. In addition the programme also reduced drug use by regular users for certain drugs. Study by Stauber (1982) on a family therapy indicated that the intervention helped the participants to perceive and

report improved family relationship and improved parent-adolescent relationship. Gordon (1980) based on his review on 25 studies on Parent Effectiveness Training (PET) concluded that parents after PET showed an increase in their confidence as parents, their acceptance, trust in an understanding of their children, and their democratic attitudes. In addition to this, these parents showed improvement in overall parental attitudes, child-rearing behaviours, and their self-esteem. Gabel (no date) in his study on Ginott's Parent Education Programme found that mothers of kindergarten children who attended this programme showed increased emphasis on mutual parent-child understanding. However, Perlstein (no date) in his study on the same programme noted that gains achieved through skill training had eroded by 50% after six months. Study on the Systematic Training for Effective Parenting (STEP) by Cullen (1968) reported that mothers felt that they benefited from the knowledge, learned skills, and became more aware of their role after the training. Berette (1975) concluded that mothers were also less authoritarian after they attended this training. However Freeman (1975) reported that mothers were only only less authoritarian, but also less controlling. L'Abate (1977) in his study on Structured Enrichment (SE) reported that families that participated in SE demonstrated improved functioning with regard to perceived family well being. Rio et al. (1983) in his study on Family Effectiveness Training (FET) indicated significantly greater

reduction in high risk variables such as agressiveness tendency to fight etc., of families and children in FET than families and children who did not participate in FET.

At the present time, very little can be concluded about the effectiveness of health promotion programmes for reducing eventual drug use since not much data is available.

In the evaluation study on the alternatives to drug abuse a study done by Ventura and Dundon (1974) on "Specific Activities" indicated that there was not any statistically significant difference between the group of participants and the control group. However they concluded that the participants' self reports and behavioural observations of the participants revealed positive changes. Studies done by by Jessor and Jessor (1977). Kandel (1978) Bowker (1975) Turner and Willis (1979) and Yohe (1981) concluded that involvement with religion as a specific alternative activity was associated with lower levels of use of various substanes. In the evaluation studies on "Enhancing Existing alternatives". Warner et al. (1973). Swisher et al. (1972) and Swisher et al. (1973) found significant increases in knowledge level of participants but the levels of use and the attitudes of students did not change. However, Warner and Swisher (1976) in another similar study concluded that there is a significant and positive change in the students' expressed willingness to try drugs. In the academic year of 1981 1982 a large scale evaluation study on the alter-

natives to drug abuse was carried out by the Pennsylvania Department of Education on 14000 students in grade seven to twelve. From the study, it was found that different types of alternatives provided for the students were associated with different patterns of drug use. Provision of entertainment activities were significantly associated with use of cigarettes, beer, marijuana inhalants depressants and stimulants. Academic activities were associated with less use of beer marijuana and stimulants Participation in sports was associated with less use of cigarettes marijuana depressants hallucinogens and stimulants; however sports were significantly associated with more use of beer. Participation in social activities was associated with more use of everything. Involvement in religious activities was associated with less use of cigarettes beer, marijuana, and stimulants. Active hobbies were associated with less use of beer and stimulants. Participation in extra-curricula activities was associated with more use of cigarettes, beer marijuana inhalants depressants and stimulants Finally participation in vocational activities was associated with more use of all substances in the questionnaire. See Appendix D for the summary of the results for the above evaluation study.

As a final conclusion the "new generation" of prevention programmes may help to prevent drug abuse The successful prevention programmes have a number of common features All of these programmes have been based on social psychological

theory and research, especially attitude change theory, social learning theory, and attribution theory. However, the quality of evaluation data in primary prevention is still far from adequate for guiding policy formulation and programme development.

6.0 Conclusions and Recommendations

This paper has taken the point of view that the analysis of the drug abuse problem should take into consideration three important aspects. The first aspect is related to the problem of drug abuse originating from the drug user himself for example, his knowledge of drugs and their effects on the human body, his personality attitudes and values and his ability to cope with social and psychological problems. The second aspect is concerned with the problem of drug abuse which originates from the environment in which the individual lives in. This environment consists primarily of his home environment, his peer group environment of the community. The third and final aspect is related to the drug laws which control various aspects of the production and use of drugs in the country. This provides the legal background under which the problem of drug abuse occurs.

It is convenient and useful to classify the recommendations arising from this study into two categories. Recommendations in category one are concerned with the approaches/strategies/techniques which try to overcome or reduce some of the problems of drug abuse which originate from the drug user. The second category of recommendations are concerned with the approaches/strategies/techniques which concentrate on overcoming or reducing some of the drug abuse problems originating from the environment in which the individual lives in. For reasons mentioned earlier the legal aspect of the drug abuse problem will not be discussed here

6.1 Drug User

Three sets of conclusions and recommendations will be discussed in this section, namely, those relating to the mass media education and skill training.

6.1.1. Mass Media

1. There are basically two forms of mass media which could be used to disseminate the knowledge of drugs and their effects. The two forms of mass media are firstly, the 'natural' media such as entertainment advertising, and news and secondly, the planned for media used specially for the prevention of drug abuse, for example, the health promotion programme in the form of media campaigns.

2. The 'natural' media appear relatively successful at increasing the knowledge level of the audience but are generally less successful in changing attitudes and behaviours

3. For adolescents and youths, the message contained in the 'natural' media should stress on the immediate effects of drug taking on the human body to reflect the youth's/adolescent's present oriented time perspective. However, for the adults, the message can stress on the effects of drug taking on the user's family, his future and the country.

4. In order to maximise the effectiveness of the media campaigns, the message disseminated should be conveyed by someone whom the audience could identify or know well. At the same time the source of the message must have high credibility and knowledgeability.

5. The content of the special media campaign should be disseminated with minimal reference to fearful consequences but should provoke discomfort, and at the same time, it should stage clear cut suggestions for alternative behaviour.

6. In order to maximise the effectiveness of any mass media campaign, the audiences should preferably be given additional exposure to the campaign in the forms of discussion, review or report on the content of the campaign.

7 Any drug abuse campaign through the media needs careful planning and should make use of the latest research findings in the field of communication

6.1.2 Education

1. Drug abuse programmes can be introduced into education either formally or informally. In formal education, the drug abuse prevention programmes can be incooperated into the school curriculum or incooperated into the co curricular activities of the school. In informal

education the school is not directly involved but the training of individuals in specific psycho social skills are provided by other institutions.

2. One of the more popular approaches in formal drug abuse education is to provide students with knowledge and understanding of the general compositions of the most common drugs and their effects on the human body. In addition to this there is some feeling that knowledge and understanding of current issues and trends in drug abuse, current policies governing drug abuse and other related issues should also be included. See Appendix F for the role of the teacher in disseminating different types of knowledge

3 In the classroom, knowledge about drugs can be communicated to the students by a variety of teaching methods such as lectures small group discussions use of films and other audio visual material See Appendix G for the criteria for the proper selection of audio visual materials on drug education.

4. Different strategies can be employed in drug education. In teaching students there is some agreement that the use of scare tactics should not be encouraged.

5 Although curiosity misinformation and misconception about drugs can lead an individual to misuse drugs, another important factor contributing to drug abuse is related to

the individual's values system. See Appendix E for the psycho-social factors contributing to drug dependence. The process of value clarification is intended to overcome some of the problems of drug abuse arising from the individual's value system. See Appendix H for a detail description on the process of value clarification.

6 There are two broad theoretical approaches that can be employed in the process of value clarification. In the first approach desirable values attitudes and beliefs are taught to the individual through moralising and through examples (i.e. modelling). The second approach is based on the assumption that one should not force a set of 'right values' into the student's mind. Instead students are encouraged to clarify and develop a set of values of their own. See Appendix I for the advantages of value clarification for the student and the teacher. The role of the teacher in value clarification is given in Appendix J and a guideline for value clarification teaching is given in Appendix U.

7. Another factor contributing to the problem of drug abuse is related to the individual's inadequate response to specific life situation or problems (e.g. drug taking situation). In drug education the decision making strategy is intended to provide a strong basis to help the students in making the right decision when offered drugs.

A specific technique that is useful in teaching decision making skills is role playing. See Appendix K for the advantages and disadvantages of role-playing for the teacher as well as the student. The role of the school teacher in teaching decision making skill is given in Appendix L.

6.1.3 Skill Training

1. A major reason why many individuals take drugs is because the individual lacks certain psycho-social skills.

2. More specifically, some individuals resort to drug taking because of their inability to handle stress/pressure and to develop satisfying interpersonal relationships. Programmes which seek to develop social and life skills are intended to overcome this problem.

3. Another area of concern is the strong influence of the peer group on the individual. Programmes in peer training make use of this strong peer influence in a constructive way to help individuals stay away from drugs. The role of the teacher in the skill training programme is given in Appendix M.

4. Many individuals experiment with drugs because they seek after new experiences out of curiosity and pleasure seeking. Programmes designed for this particular group of individuals are aimed at providing meaningful alternative activities that these individuals can engage in.

5. In providing alternative activities to individuals care must be taken to ensure that these activities can in fact meet the needs of these individuals The alternative activities selected should be beneficial or at least relatively less harmful than drug taking itself

6.2 Environment

Four main sets of conclusions and recommendations will be discussed in this section namely, those related to the family the peer groups, the school and the community

6.2.1 Family Environment

1 There are basically two main areas of concern in the family environment. These are the lack of parenting skills and the lack of skills in maintaining a satisfactory family relationship especially between parent and child

2. Some literature has suggested that the lack of skills required of the parents may contribute to the child resorting to drug taking. The provision of parent skill training is intended to overcome these problems See Appendix N for the family psycho social factors contributing to drug dependence.

3 Provision must be made for parents who are not willing or do not have the time to participate in the conventional parent skill training programmes One possibility is to include such programmes in the mass media

4. There are suggestions that the increasing urbanisation may lead to the disintegration of the family as a unit. As a result, the unsatisfactory inter-relationships within the family may sometimes lead an individual to take drugs. Programmes that emphasise family skill training are intended to remedy some of these problems. See Appendix R for the guideline for the parents and Appendix S for twenty one tips for the parents

6.2.2 Peer Group Environment

1 The conclusions of most research findings indicate that the peer pressure asserted on an individual has a very strong influence on his behaviour.

2. Although the influence of peer pressure on drug taking is well documented many educators believe that the same peer influence can be used constructively to prevent individuals from taking drugs

3 Further studies or research should be done to determine specific way in which the peer group influence can be utilised in the prevention of drug abuse.

6.2.3 School Environment

1 An important aspect of the school environment is the peer group. In addition to this it is possible to look at the school environment in terms of the rules regulations, policies and other activities.

2. Student's perception of the school attitudes or policies towards matters related to drug taking have a very important influence on their behaviour. In view of this the attitudes and policies of the school towards drugs should be clear and unambiguous in the minds of the student.

3. It is not impossible for the school to create the sort of environment that they feel would encourage students not to experiment with or use drugs. See Appendix O for the prototype curriculum in preventive drug education at the teacher education level. Guide for the teachers is given in Appendix P and Appendix Q provides ten tips to reduce teacher tension.

6.2.4 Community Environment

1 The community should try to inculcate attitudes, values and beliefs which will help the individual to stay away from the use of drugs.

2 Some social scientists believe that social problems such as poor housing, rapid urbanisation and unemployment may contribute to the problems of drug abuse. Social programmes have been designed specifically to remedy some of these problems.

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APPENDIX A

Curriculum Materials (elementary level)

The titles land key idea given emphasis in each grade level are as follows:-

Grade 1

Title - Foods, Non-Food Products and You

Key Ideas: 1. Foods are important to the body.
2. Non-food products such as fertilisers, detergents, kerosene and others can affect health.
3. Non-food products have many uses.
4. Non-food products are harmful if not used properly.

Grade 2

Title - Medicines and You

Key Ideas: 1. Medicines are substances which help promote health.
2. Medicines have many uses.
3. Health professionals are our friends.
4. Medicines should be kept properly.

Grade 3

Title - Medicines and Health Protection

Key Ideas: 1. There are different kinds of medicines which protect health.
2. Proper use of medicines should be practiced.
3. Medicines can be harmful if not used properly.
4. There are solutions to problems met in life.

Grade 4

Title - Making Wise Decisions About Drugs

Key Ideas: 1. There are steps in making wise decisions.
2. Decisions about foods and beverages affect health.
3. Beverages such as coffee, tea, cola, and alcoholic drinks contain drugs.
4. The practice of betel nut chewing may be dangerous to health.
5. Friends, ads, customs, traditions, values and practices influence decision making.

Grade 5

Title - Drugs and You

Key Ideas: 1. There are many non-food substances such as alcohol, aspirin and others taken by people that affect behaviour.
2. The purchase, possession and use of these substances need controls.
3. Non-food substances are used in a variety of ways.
4. There are reasons why certain non-food substances are more commonly used.
5. An insight and appreciation for the wide variety of drugs from the most useful to the most dangerous should be developed early in life.

Grade 6

Title - Drugs and the Consumer

Key Ideas: 1. The intelligent consumer critically evaluate and

selects products before buying or using them.

2. The misuse or abuse of consumer products is dangerous.
3. Advertisements of consumer products should be evaluated before buying these products.
4. Quackery often exists in a community with many health problems.
5. There are laws and community agencies which safeguard consumer health.

SOURCE: Curriculum Guide on Drug Education (Elementary Level), Vol. 1. University of Philippines, Manila, 1979.

APPENDIX B

Curriculum Materials (Secondary Level)

First Year

Title - Drug Education - I

Key Ideas:
1. Progress in medical research has helped man to live longer.
2. Some drugs have medicinal value.
3. Some drugs are being used for other than their intended purposes.
4. There are worthwhile alternatives to drug abuse.
5. People have different reasons for smoking.
6. Cigarette smoking affects the individual in many ways.
7. To smoke or not to smoke is a personal decision.
8. It is easier to form the habit of smoking than to break it.
9. Marijuana affects the individual in many ways.
10. Misconceptions about marijuana need correction.

Second Year

Title - Drug Education - II

Key Ideas:
1. There are some drugs that alter feelings and behaviour.
2. Stimulant drugs have medical uses.
3. Misuse and abuse of stimulants have harmful effects to health.
4. Cocaine is no longer used as a medicine.
5. Deliriants are substances which are dangerous to health

when not used properly.

6. Deliriants have long and short-term effects on the body.

Third Year

Title - Drug Education - III

Key Ideas:
1. Alcohol has many uses.
2. People have different reasons for drinking alcoholic beverages.
3. Alcohol has either mild or serious effects depending upon certain factors.
4. Clarifying misconceptions about the use of alcohol is important in its control.
5. Alcoholism is a preventable disease.
6. There are positive ways in solving problems of living.
7. To drink or not to drink alcoholic beverages is a personal decision.
8. Depressant drugs have medicinal uses.
9. There are dangers in the misuse and abuse of barbiturates.
10. Medical prescription is needed in the use of regulated drugs such as sleeping pills.
11. Drugs can affect the total health of the individual.

Fourth Year

Title - Drug Education - IV

Key Ideas:
1. Drugs should be used properly.

2. The use of prescription drugs depends on the physician, the pharmacist and the individual.
3. Normal healthy individuals do not need drugs.
4. Caution should be practiced in the use of drugs, particularly opium and its derivatives.
5. Narcotics, with the exception of heroin, are valuable pain killers.
6. Narcotic drugs are classified according to their pharmacological action.
7. Prolonged use of drugs, may lead to drug dependence and other problems.
8. Drug abuse has detrimental effect to both the individual and society.
9. There are community resources and agencies that protect citizens from illegal use of drugs.
10. The home, school and community should provide meaningful and challenging activities to children and youth.

SOURCE: Curriculum Guide on Drug Education (Secondary Level), Vol. 2. University of Philippines, Manila, 1979.

APPENDIX C

4.2.1 Prototype Curricula in Prevention Drug Education at the Primary Secondary Levels for the ASEAN Region

A team of curriculum experts from the Asean region gathered together to share experiences and to design a relevant and practical model curricula for preventive drug education at the Asean Training Centre for Preventive Drug Education based at the University of Philippines. There two - week deliberations at the workshop in May 1982 resulted in the production of a prototype curricula to serve as a model for Asean countries.

At the primary level, the topics relate to food and non-food substances. Lessons are devoted to the development of desirable attitudes and healthy habits. Learning activities, among others, involve direct participation in group dynamics.

At the secondary level, the curriculum aims at fostering favourable attitudes towards the reponsible and judicious use of drugs by providing a scientific base for the acquisition of knowledge regarding drugs, their use, misuse and abuse.

Acquisition of skills in decision-making and the participation by students in prevention efforts are emphasised. Teaching and learning strategies are included in other activities, where students participate in group dynamics and problem-solving discussions.

Assessment as to how successful the programme is at both levels is achieved as stated objectives which are contained in the evaluation section of a curricula.

The structural outline of the curricula include the following features:

i. general and specific objectives;
ii. content;
iii. teaching-learning strategies;
iv. evaluation

Primary Level

General Objectives

1. to learn the importance of food and non-food substances to the body;
2. to develop desirable attitudes towards the proper use of food and non-food substances;
3. to make wise decisions regarding the use and misuse of food and non-food substances.

Specific Objectives

1. to identify food and non-food substances;
2. to learn the proper uses of food and non-food substances;
3. to justify some criteria for choosing certain food and non-food substances;
4. to describe the kind of substances used by man for purposes other than food;
5. to develop healthy habits for leisure;
6. to describe how decisions regarding food and non-food substances affect oneself, others and the community;
7. to evaluate the advertisements about food and non-food substances.

Content

1. Kinds of food and non-food substances;
2. Reasons why food and non-food substances are misused and abused;
3. Criteria for choosing food and non-food substances;
4. Proper use of food and non-food substances;
5. Advertisement and the consumer. Worthwhile and healthful leisure activities.

Teaching and Learning Strategies

1. Group discussion;
2. Role-playing, dramatisation;
3. Games and puppetry;
4. Values clarification;

5. Decision-making process;
6. Projects and creative activities;
7. Reciting poems;
8. Story-telling;
9. Problem-solving;
10. Others.

Evaluation

1. Observation of pupil behaviour;
2. Paper and pencil test;
3. Oral test;
4. Short quizzes;
5. Content (easy-writing, drawing, etc.)

Secondary Level

General Objectives

1. to know the uses of drugs to man;
2. to participate actively in efforts to prevent drug abuse;
3. to practice a balance of activities for the promotion of physical, mental, emotional and social health;
4. to develop positive attitudes and behaviour in coping with the stresses of life.

Specific Objectives

1. to explain the reasons why people take drugs;
2. to describe the effects of drugs when used, misused and abused;

3. to appreciate the value of alternatives in meeting the social and psychological needs of the individual;
4. to understand the roles of the different agencies involved in combating drug abuse;
5. to realise one's role in relation to the efforts fo the various agencies involved in preventing drug abuse;
6. to understand and appreciate the growth and developmental characteristics of adolescents;
7. to acquire skills in coping with the problems of living.

Content

1. uses of drugs;
2. effects of drugs;
3. reasons for taking drugs;
4. misconceptions regarding drugs;
5. positive ways in solving problems of living;
6. agencies involved in preventing drug abuse;
7. worthwhile alternatives to drug abuse;
8. growth and developmental characteristics of adolescents.

Teaching-Learning Strategies

1. interview
2. film-showing, slide projection
3. role-playing and dramatisation
4. case study
5. field trips

6. discussion
7. surveys
8. values
9. decision-making process
10. projects
11. debate
12. contests (essays, drawing, etc.)
13. simulation
14. individual/group counselling

Evaluation

1. teacher-student conference
2. observation of student's behaviour
3. paper-pencil test
4. student guidance and counselling participation
5. rating scale
6. parent-teacher conference
7. interview
8. self-appraisal by students
9. value response statements

SOURCE: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd) Report, May 1982.

APPENDIX D

Alternative activities and factors influencing use of substances in 1981-82 school year

Factors	Substances						
	CIG	BEER	MARJ	INH	DEP	HAL	STIM
Gender	Girl	Boy					
Grade		High	High				High
Average	Low		Low				
Entertain	More	More	More	More	More		More
Academic		Less	Less				Less
Sports	Less	More	Less		Less	Less	Less
Social	More	More	More	More	More	More	More
Religion	Less	Less	Less				Less
Hobbies		Less					
Extra	More	More	More	More	More		More
Vocation	More	More	More	More	More	More	More
r^2*	.325	.383	.371	.090	.140	.123	.258
N	13,915	13,931	13,946	13,960	13,949	13,949	13,949

*Other variables in the regression model also contributed to the r^2 (e.g., how students feel about school).

(SOURCE: Swisher and Hu, 1983)

APPENDIX E

Psycho-Social Factors Contributing to Drug Dependence

Individual

With regards the individual, the main factors which contribute to drug dependence include:

a. Curiosity about drugs - This is often triggered by mass media and advertisements which sensationalise drug information throught the use of music which is full of references to the drug scene; through movies glamorising celebrities who are drug abusers, etc.

b. Search for new experiences - Dependence-producing drugs are illegal and prohibited and young people usually get a kick in doing that which is forbidden.

c. Traits of risk-taking and pleasure - Man is by nature pleasure-seeking. Drugs provide him pleasure, satisfaction and relief from problems, worldly pains and unpleasantness.

d. Need for love, acceptance and recognition - The individual himself has an urgent need for love, acceptance and recognition from his family, peers, and society. He is sensitive to the pressures of society and of his peers; he is doubly sensitive to the resistant forces working within himself.

e. Escapism from reality - The "generation gap" and peer group pressure among the youth imply that there is a dire need to develop the ability of youth to cope with his needs. Most often they resort to drugs to escape from the stark realities and problems of living.

f. Conformity to new practices - Adolescents usually seek out their peers as models. If there is a conflict between what his friends want what his parents want, his "friends will win nearly every time."

g. Rebellion against authority - During adolescence, youngsters begin to reject parental norms, values and customs. Parents are often accused of being "old fashioned" and "extremely conservative" in their ways.

h. Misinformation/Misconception through biased sources - Lack of scientific information about the harmful effects of drugs may lead a curious youngster to drug experimentation. His ignorance about drugs also makes him an easy prey to drug pushers.

i. Lack of clear-cut values - Our youth are confused as to what values they should cherish in relation to the family and society. They are puzzled by the value conflicts which exist in the family, school and society in general.

j. Poor self-esteem - The individual sometimes tends to put a low price on himself; thus, he does not care what happens to him when taking drugs.

SOURCE: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd) Report, May 1982.

APPENDIX F

The Role of the School Teacher in Drug Education
(Fact-giving strategy)

Knowledge and Understanding of Human Growth and Development

The Teacher is able to:

- o Identify the factors that affect the sequence of mental and physical growth and development.
- o Illustrate the interrelatedness of physical, emotional and social dimensions of growing and developing.
- o Identify the physical, social and psychological stages of human growth and development.
- o Describe in depth the developmental stage for the age group for which drug education is provided.
- o State examples of different patterns of social behaviour frequently observed among students with whom the teacher will be working.
- o State example of different techniques frequently employed by students in dealing with various levels of stress.
- o Relate the various stages of growth and development to drug use and abuse.
- o Illustrate behaviour that often indicate underlying problems.

Knowledge and Understanding of Basic Uses and Abuser of Drugs

The Teacher is able to:

- o Illustrate a current functional uses of drugs in society.
- o Illustrate some of the possible ill-effects of drugs that are misused or abused and the relative probability of the different effects.
- o Identify some of the underlying causes of drug abuse.
- o Distinguish between causes for experimental or social drug use and dysfunctional drug abuse.
- o Compare different uses of drugs among a number of cultural groups and particularly among subcultural groups in this country.
- o Compare different forms of drug use and abuse among various age groups, including adults.
- o Summarise how drugs are used and abused in certain occupational groups.
- o Cite examples of patterns of "medical" drug use and misuse common in many families; illustrate how the patterns might vary among subcultures (use of birth contol pills, diet pills, home remedies, etc.)

APPENDIX F

Knowledge and Understanding of the General Composition of the Most Common Drugs and Their Effects.

The Teacher is able to:

- o Identify common drugs by pharmacological an slang names.
- o Classify common drugs into commonly accepted categories.
- o Define basic terminology related to drug use, misuse, and abuse (terms such as drug dependence, addiction, tolerance, withdrawal, etc.)
- o Recall the origin of common drugs (i.e., poppy, hemp plant, cactus, laboratory, etc.)
- o Identify the ways in which different drugs are taken into the body (i.e., orally, injected, inhaled).
- o List the general effects of different drugs (including the effects of exposure to household products and industrial agents) on the body.

Knowledge and Understanding of Current Policies Governing Drug Abuse.

The Teacher is able to:

- o State the school policy governing drug use, possession, or sale on campus, and teacher confidentiality in drug counselling with students.
- o State the formal and informal processes by which school policy was determined.
- o State the penalties and other pertinent provisions of laws related to drug use and abuse.
- o Recall the background of legislative efforts in order to understand current drug laws and policies and the public attitudes they reflect.
- o Illustrate legislation designed to protect the consumer in the use of drugs including household chemical substances (not all drug legislation is punitive).

APPENDIX F

Knowledge and Understanding of Current Issues and Trends in Drug Use and Abuse

The teacher is able to:

- o Generalise some of the major research findings relating to drug use and abuse.
- o State the basic principles included in major drug commission reports.
- o Report some of the major local, regional, national and international developments concerning drugs.
- o Analyse socio-economic influences as they affect drug use and abuse.
- o Examine the effectiveness of school policies related to drug use.
- o Discuss general societal influences on the use and abuse of drugs (entertainment, news coverage, features and advertising in newspapers and on television; changes in lifestyles such as increased living pace; increased communication, greater exposure to conflicting value systems, etc.)
- o Describe some of the current controls on drug trafficking at various levels.
- o Illustrate typical consumer problems related to drug use (misleading advertisements unknown quality of street drugs, etc.)

Knowledge of Drug-Related Community Resources and Their Functions

The teacher is able to:

- o Indicate the importance of cooperation between the school and community agencies in drug programmes.
- o List organisations and agencies, particularly at the national and local level, that lend or distribute drug educational materials.
- o Demonstrate awareness of community organisations and agencies that furnish resource persons to drug education programmes.
- o State the purpose of public and private health agencies that engage in counselling and treatment of individuals with drug problems.
- o Identify proper procedures for using services of publicly or privately sponsored drug counselling or treatment centers.
- o Identify source of legal aid and procedures for using their services.
- o Identify community resources in drug research.

SOURCE: National Institute on Drug Abuse U.S. Department of Health, Education and Welfare.

APPENDIX G

Criteria for the Proper Selection of Audio-Visual Materials in Drug Education

1. The materials should be appropriate for the age, intelligence, and experience of the learner.
2. The material if properly used will help in realising the objectives of the lesson.
3. The material should be scientifically accurate in its content.
4. Ideas are clearly illustrated, interesting and stimulating.
5. The material should be technically satisfactory with respect to photography, sound, type, size, writing style, color, binding and the like.
6. The material stresses positive behaviour and attitudes.
7. There are no conflicting details in them.
8. There is logical sequence of concepts.
9. There is minimal report to fear techniques and morbid concepts.
10. The instructional material is in good taste; avoid vulgarity, stereotyping and ridicule.
11. The material tends to improve human relations.

SOURCE: DeVera, L.L.L. Evaluation of Audio-Visuals on Preventive Drug Education. In: Asean Workshop on Curriculum Development in Preventive Drug Education (3rd) Report, May 1982, pp. 91 - 95.

APPENDIX H

Valuing Process of Value Clarification

CHOOSING one's beliefs and behaviours

1. Choosing freely

If we are to live by our own values system, we must learn how to make independent choices. If we are able only to follow authority, we will be ineffectual when authority is silent or absent, when it gives us conflicting directions, or when our emotions impel us in contrary directions.

2. Choosing from alternatives

For choice-making to have meaning, there should be alternatives from which to choose. If there are no alternatives, there are no choices. The more alternatives available, the more likely we are able to value our choices. Generating and considering alternative choices is necessary for clarifying and refining values.

3. Choosing after thoughtful consideration of consequences

We need to learn to examine alternatives in terms of their expected consequences. If we don't, our choice-making is likely to be whimsical, impulsive, or conforming. By considering consequences, we lessen the chance of those consequences being unexpected or unpleasant.

PRIZING one's beliefs and behaviours

4. Prizing and cherishing

Values inevitably include not only our rational choices but our feelings as well. In In developing values we become aware of what we prize and cherish. Our feelings help us determine what we think are worthy and important or what our priorities are.

5. Publicly affirming

When we share our choices with others - what we prize and what we do - we not only continue to clarify our own values, but we help others to clarify their values as well. It is important to encourage students to speak out about their beliefs and their actions in appropriate ways and circumstances.

ACTING one one's beliefs

6. Acting

Often people have difficulty in acting on what they come to believe and prize. Yet, if they are to realise their values, it is vital that they learn how to connect choices and prizings to their own behaviour.

7. Acting with some pattern

A single act does not make a value. We need to examine the patterns of our lives. What do we do with consistency and regularity? Do these patterns incorporate our choices and prizings? If our life patterns do not reflect our choices and prizings, we then must reconsider our priorities or change our behaviour in order to actualise those priorities.

Collectively, these seven subprocesses comprise the total valuing process. Students who have built the process of choosing, prizing and acting into their lives have learned an approach to living which is uniquely their own. The process will serve them effectively as they are confronted with controversial issues, values and choices, and life dillemmas.

Ideally, teaching extends beyond the facts levels and the concepts level; it includes a third level - the values level.

SOURCE: Harmin, Merrill, et. al. Clarifying Values Through Subject Matter. Minneapolis: Winston Press, Inc. 1973, pp. 32-34.

APPENDIX I

Advantages of Values Clarification

Value Clarification Advantages for Students	Value Clarification Advantages for Teachers
1. Lifts facts and concepts to a personal level.	1. Removes the "blahs" and boredom from teaching.
2. Humanises education by encouraging students to examine their feelings.	2. Provides educators with scientific teaching strategies.
3. Provides students with a consistent, reliable reference point (the process of valuing).	3. Provides 100 plus teaching strategies that are adaptable and flexible to different grade levels and learning situations.
4. Encourages reflective thinking and/or introspection on the part of the student.	4. Creates a non-directive, non-threatening, non-judgmental classroom atmosphere.
5. Minimises value inculcation by the teacher.	5. Eliminates the need to justify value positions held in society.
6. Assists students in answering: a. Who am I? b. What do I stand for? c. Where am I going?	6. Provides educators with a framework for course design through the seven-step process of valuing.
7. Helps student move toward greater consistency between thoughts and speech, speech and actions.	
8. Individualise instruction by providing each student with the opportunity to get in touch with what he believes is right for his own life at that point in time.	

SOURCE: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd) Report, May 1982

APPENDIX J

The Role of the School Teacher in Drug Education (Values Clarification)

Skill in Using Value Clarification as a Learning Experience

The teacher is able to:-

- o Raise questions with students which lead them to clarify their values through consideration of alternative positions; examine possible inconsistencies in their values; and examine the strength of their values as shown by their actions.
- o Clarify his own values with regard to drug issues without imposing his values on the students.
- o Develop and use classroom exercises which raise value issues of concern to students regarding the drug world in which they live. (Issues might include legalisation, dealing with peer pressure, use of drugs to control behaviour or enhance mental abilities, medical experimentations).

SOURCE: National Institute on Drug Abuse U.S. Department of Health Education and Welfare

APPENDIX K

Role Playing

Advantages

Teacher:

1. Receives immediate feeback from class.
2. Learns more about student attitudes.
3. Tends to have a more relaxed atmosphere for following discussion.
4. Can provide a contrived purposeful activity.

Student:

1. Has opportunity to be creative.
2. Tends to enjoy participating as well as seeing others interpretations.
3. Tends to become emotionally involved in the situation.
4. Has opportunity to hear opposing viewpoints.
5. Develops confidence in talking in front of a group.
6. Has opportunity to express emotions and feelings.
7. Can develop empathy for others.

Disadvantages

Teacher:

1. Needs to structure situations that are applicable to student lives.
2. Needs skill to extract learnings.
3. Has no way of knowing how the role-play will develop.
4. May have difficulty evaluating.

Student:

1. May, if timid, hesitate to become involved.
2. May be aware of purpose and/or meaning.
3. May get to participate constantly when aggressive.
4. May be bored if the situation is not well done.

SOURCE: Scott, G.D., Carlon, Mona W. On Becoming a Health Educator. Iowa: W.M.C. Brown Company Publishers, 1974, pp 78 - 79, 93 - 94.

APPENDIX L

The Role of the School Teacher in Drug Education (Decision-making)

Skills in Probelm-Solving and Decision-Making

The teacher is able to:-

- o Assist students in defining questions which reflect their particular interest or need and deciding what information they need to answer their questions.
- o Evaluate and use resource persons and materials for the drug education programme.
- o Discriminate between fact and fiction about drugs and alcohol.
- o Assist students in locating resources at school or in the community for obtaining desired information or skill. (Resources include written material, institutions or agencies, or people with expertise accessible to the student and appropriate to his developmental level.)
- o Design and conduct classroom activities (e.g., role playing, group discussion) which give students the opportunity to develop and examine various ways of handling drug-use issues relevant to their age and social situation.
- o Stimulate the student's desire to investigate different points of view and examine their implications.
- o Design and use classroom activities which give students the opportunity to test the strength of their decisions.
- o Assist students in recognising positive and negative consequences of decisions concerning drug use, misuse and abuse.
- o Assist students in learning how to weigh the consequences of possible decisions they could make on drug issues.
- o Assist students in evaluating risk-taking for self-development.
- o Solicit and receive feedback from students to accurately determine how the teacher's behaviour affects the students and. when appropriate, be able to change.

SOURCE: National Institute on Drug Abuse U.S. Department of Health, Education and Welfare

APPENDIX M

The Role of the School Teacher In Drug Education* (Skill Training)

Skills in Recognising and Working with Student Concerns About Drug Issues

The teacher is able to:

- o Promote an awareness and increased understanding in the student of the total drug world in which he lives and how he relates to it.
- o Involve the students in designing and implementating classroom actitivies which reflect their current concerns about drug issues and anticipate some immediate concerns they may have as they grow older.
- o Select language and behaviour appropriate to the situation in which he is interacting with students.
- o Plan with the student an immediate course of action acceptable to the student.
- o Structure the counseling situation to maximise the student's thinking for himself and to promote the student's active participation in deciding on the course of action acceptable to the student.
- o Assess needs or personal problems of the student by accurately reading his verbal and nonverbal behaviour.
- o Identify family problems influencing the student's behaviour.

Skills in Working with Other Adult Concerned with Students in the Drug Education Programme

The teacher is able to:

- o Involve parents, appropriate school personnel and community representatives in the drug education programme.
- o Provide accurate information and work with other school personnel (school nurse, counselor, principal) in dealing with problems of drug use.
- o Encourage the cooperation of school personnel in getting help for a student with a drug problem in a manner that is acceptable to the student.
- o Communicate with parents to bring about new insights as to the needs and problems of the student.

Skills in Working Individually with Problem Students

The teacher is able to:

- o Recognise drug-abuse problems in students; distinguish between drug experimentation, use and abuse.
- o Provide emotional support to students who disclose personal drug abuse problems or problems with family or with friends.
- o Assess his own limitations in dealing with a student of family drug problem and make referrals to appropriate professional help.
- o Establish rapport by conveying to the drug-using student a non-judgemental acceptance of him without necessarily condoning his behaviour.

- o Educate parents and other adults to the existing or potential problems in the use of abuse of drugs.
- o Promote a constructive parent-teacher relationship in the interest of the student.
- o Provide information concerning the school's drug education programme to other school personnel and interested community representatives.
- o Work with law enforcement representatives in the best interest of a student apprehended for drug possession or sale in the school ground.
- o Promote parents' confidence in the school's drug education programme.

SOURCE: National Institute on Drug abuse U.S. Department of Health, Education and Welfare.

APPENDIX N

Psycho-Social Factors Contributing to Drug Dependence

Family

In terms of the family, the following factors also were noted to contribute to drug dependence:

a. Breakdown of the extended family - Modernisation process has brought about drastic changes in the family which have caused the breakdown of the extended family; thus depriving the individual of effective support.

b. Alienation within the nuclear family - The present standard of living pressures both the mother and father to earn a living. The economic pursuits of parents make them extremely busy with their work; hence, minimising their time in taking care of their children at home. The parents are home only during night-time after a hard day's work. Thus, children see less and less of their parents and are deprived of the tender loving care due to them.

c. Unsatisfactory home environment - There are many marital discords, legal separations, live-ins at the expense of anguish and pain on the part of wives and children. Many children therefore spend a very disturbing childhood in unsatisfactory home environments.

d. Ineffective parent training - Majority of our youngsters marry early without realising the roles and responsibilities of parent-hood. Most often they enter marriage with hardly any preparation on family life especially on the proper rearing of children. Because of this, they have become ineffective as parents and are unable to cope with the problems associated with the normal changes of child growth and development.

e. Unrealistic parent expectations - These may cause unnecessary frustrations, tensions and anxieties among the young. Too high expectations of parents may drive young people to resort to drugs as a means of relief from these stresses and pressures of an unrealistic world.

f. Dissonance between preaching and practice among adults - Often the youth are confused with the ambivalent attitudes and practices of adults. Adults frequently are not good examples of what they preach and hence lose their credibility among the youth.

SOURCE: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd.) Report, May 1982

APPENDIX O

PROTOTYPE CURRICULUM IN PREVENTIVE DRUG EDUCATION - THE TEACHER EDUCATION LEVEL

Objectives

The programme should aim to achieve the following objectives:

a. To create awareness of the drug situation in the community, country and region and of the agencies involved in drug abuse prevention and control;

b. To develop competencies to plan, implement, and evaluate preventive drug education programmes at the primary and secondary levels.

c. To modify attitudes, values and practices regarding drugs so that the teacher himself will not be involved in drug abuse.

d. To acquire skills in utilising effectively approaches/techniques/strategies in drug abuse prevention (primary/secondary prevention, referral procedures and follow up) through extramural/co-curricular activities and services.

e. To improve knowledge, attitudes and practices which will promote wholesome teacher-child relationship through rapport, concern for pupil problems, needs, and interests, willingness to assist pupils when necessary, etc.

f. To develop skills in the preparation, try-out and evaluation of instructional materials such as posters, slides, transparencies, charts, leaflets, etc. appropriate for a specific target group (students out-of-school youth, parents and the community at large).

Content

a. The current status of drug abuse and role of the various agencies in drug abuse prevention and control.

b. Drugs: their classification and effects to health; signs and symptoms of drug abuse.

c. Preventive drug education curricula primary and secondary levels.

d Approaches/techniques in coping with drug abuse problems in school.

e. Aspects of humanistic education, characteristics of slow learners, and child/adolescent psychology.

f. Guidelines in the preparation of audio-visual materials in preventive drug education for various target groups.

Teaching/Learning Strategies

Teachers should ensure that a positive psychosocial approach is used. Knowledge, attitudes and practices related to drug education is discriminately provided in order to avoid arousal of curiosity which leads to drug experimentation. Their role is also to ensure that while the drug dependent pupils is provided assistance in overcoming his problems, the majority of pupils who are non-users are not influenced by the drug abusers.

The strategies that the teacher should therefore use in the school should be carefully selcted and reflect positive values, attitudes and practices related to the concept of respect for the worth and dignity of every person.

The overall strategy would be that of reinforcing positive drug knowledge, attitudes and practices and communicating these effectively with all the students by using appropriate teaching/learning strategies such as:

a. Values clarification
b. Panel discussion
c. Lecture-discussion
d. Micro-teaching
e. Individual and group projects
f. Group discussion
g. Problem-solving
h. role playing
i. Interview
j. Contract method
k. Alternative models
l. Utilisation of educational techniques such as transparencies, slides/tapes, film strips and films
m. Sensitivity sessions
n. Field trips
o. Practicum

Evaluation

Evaluation of the drug abuse prevention programme in teacher education should be based on the objectives, content and strategies as criteria reference. In the evaluation of the performance of the teachers, assessment should be done internally and by an outside group.

The evaluation should aim at assessing the knowledge, attitudes and practices of the teachers. Thus, knowledge assessment should test how much they know about what, why, how and when to teach in order to effectively prevent drug abuse. Their teaching practices should provide opportunities for the assessment of their skills and attitudes related to the understanding of the content and approaches to teaching. The teachers should be able to demonstrate the use of teaching/learning strategies particularly micro-teaching and class demonstration.

They should also be able to participate actively in planning and implementing school-community projects related to drug abuse prevention.

SOURCE: Asean Workshop on Curriculum Development in Preventive Drug Education (3rd) Report, May 1982

APPENDIX P

GUIDE FOR THE TEACHERS

1. Learn everything you can about the subject and keep abreast of current research.

2. Take advantage of the drug education help offered by various state and national organisations. But shop around. Publications, films, and packaged school programmes vary widely in quality and credibility.

3. Begin basic drug education early, in kindergarten or the first grade, and blend it into a comprehensive long-range study of things that alter human behaviour.

4. In higher grades, involve students in self-education projects; what they learn for themselves will have more impact than what you tell them in the classroom. Examples: Visits to jails, drug rehabilitation centers, and courts to see first-hand the possible consequences of drug abuse; or in-depth research projects on topics such as current studies into the long-range effect of LSD use.

5. Work into the curriculum regular seminars - conducted by relatively young teachers who have good rapport with adolescents - in which the students could discuss anything.

SOURCE: U.S.A.I.D. Public Safety
Room 1901 Ramon Magsaysay Center
1608 Roxas Boulevard
Manila

APPENDIX Q

TEN TIPS TO REDUCE TEACHER TENSION

1. When something worries you don't bury it. Confide your worry to some level-headed person you trust - husband or wife, a good friend, your minister, your principal or department head. If you school is fortunate enough to have a guidance worker, trained in psychology or psychiatry, who has some time to talk with some teachers, too, it might be a good idea to have a chat with him.

2. Everyone knows that there are many frustrating situations in the daily life of the average teacher.

3. If you worry about yourself all the time, try doing something for somebody else. This will do three things. First, it will give you a feeling of satisfaction, which is, in itself, a morale builder. Second, it will break the vicious clamp of preoccupation with yourself, which is the basis for a good deal with emotional difficulty. Third, it will help establish a pattern of behaviour which is psychologically healthier on a long-term basis.

4. For everyone, there are days when an ordinary work load seems unbearable - and that applies to teachers, too. When the burden seems to pile up and up until it becomes "insurmountable," remind yourself that this is only a temporary condition. You can work your way out of it by taking a few of the urgent tasks and pitching into them.

5. What do you want to be? A good teacher? A perfect teacher? The very best teacher in your school? Some poeple worry constantly because they think they are not achieving enough, they are not better at their work than everyone else, they do not excel in everythin they do. No one can do everything well, and very few people can do many things well. If you are a person whose drive for perfection arouses frustration, anxiety, and dissatisfaction, try applying some of the advice which you often give to your pupils: "Do the best you can, and that's all anyone can expect of you."

6. When things go wrong, tense people tend to fly into tantrums, or to become depressed and discouraged. This kind of intense reaction might be set off by something as trivial (relatively) as the disruptive prank of a mischievous student. Or it might be something more serious, such as poor evaluation from a principal or a stretch of illness, with subsequent disruption of the teaching plan for the term. Or the inability of the class to absorb a concept you are trying to teach them.

7. When things go wrong, do you stand there and make yourself take it? To do so may appear to be noble, self-disciplinary, or "good character training." It may be all of these, but essentially it is a form of self-punishment.

8. Many of us often feel that we are being left out, slighted, rejected. Do you feel that you are purposely being left out of school committees or social functions? Do you often have the feeling that your pupils are much more partial to other teachers?

9. There are many people who feel they have to get there first, to edge out the other person, no matter how insignificant the goal. The pupil who can barely wait for the teacher to finish asking her questions before he blurts out an answer (without being asked) is an example.

10. Many people drive themselves so hard that they have little time for recreation - an essential for good physical and mental health. Thus driven, they may find it hard to relax and take time out. For such people, a set schedule - definite hours when they will not work, but will engage in recreation - is a necessary device.

One final point. Each of us is responsible for the other person's peace of mind. Troubled people are people in trouble. Many of the dislikable, even harmful, things they do arise from fear, worry, emotional immaturity. In a troubled world, the least we can do for each other is to help with sympathy and understanding.

SOURCE: NEA Journal (December 1956), p.p. 545-547

APPENDIX R

GUIDE FOR THE PARENTS

Suggestions for Parents

1. If you learn that your son or daughter has used drugs, stay cool. Drug experimentation does not necessarily mean that a youth has a psychological problem and "needs help." Most adolescent "drug abusers" are not regular users.

2. If the youth is obviously "hooked" on drugs, seek outside help - perhaps for a psychologist, psychiatrits, physician or somebody else with relevant experience.

3. Educate yourself about drugs. Share what you learn with your children in frank discussions.

4. Listen to your children; avoid preaching and lecturing. Discuss drugs objectively.

5. Set good examples. Drug abuse authorities stress that countless adolescent users start out with drugs they find in the medicine cabinet at home: diet pills, sleeping tablets, tranquilisers, and so on. Many young people perceive hypocrisy in heavy drinkers' lecturing them about getting loaded on pot. Demonstrate, by your example, how to enjoy life without help from any behaviour-altering substance.

6. Do not hide your feelings about your children. In group therapy sessions, adolescent drug users often express their yearnings for close and intimate relationships.

7. Do not discourage your children from exploring new areas of interest, eventhough they may seem weird to you.

8. Encourage the establishment of a youth drop-in center where your people could get involved in stimulating self-help projects.

SOURCE: U.S.A. I.A. Public Safety
Room 1901 Ramon Magsaysay Center
1608 Roxas Boulevard
Manila

APPENDIX S

WHEN MY CHILD IS ON DRUGS
(Twenty-one tips for parents)

WHAT TO DO

1. Take it easy. Be quiet and think for a while. Please! Please! Don't become angry.

   Shouting is useless...it will resolve nothing. Don't start imagining that all sorts of terrible things will happen. Get the full story.

   Most of all, keep your cool and don't panic.

2. If you find out from your teener himself, LISTEN TO HIM. If you learn about it accidentally or from others, talk to a friend or a priest or a minister until you have calmed down. Do not accuse.

   Do not threaten until you understand the situation fully. Do nothing, say nothing that might hinder your child's eventual care.

3. You must establish.
   a) which drug he is using
   b) how long he has been using them
   c) his maturity level
   d) his past record
   e) your relationship with him

   Therefore, you should seek the help of a professional therapist.

   So many factors are involved that so many parents are usually not prepared to handle the problem

   Remember, you just do not simply tell someone to stop using drugs.

   Because of the many factors involved, that kind of approach will fail most of the time.

4. If your child has just started using drugs, it may be more effective to have someone else to talk to him first.

   Either a priest or a minister or family friend. Such a person is more likely to get the real story... especially if he is calm and does not condemn the youngster.

5. Most likely, your teener has heard a lot about drug abuse and its dangers. He may have discovered (to his satisfaction) that the effects of experimenting with marijuana are not so serious as adults say. So, in addition to the generation gap, there may be credibility gap

6. The approach to your child must be innocent until proven guilty ... even if he is obviously guilty.

   This approach takes him off the defensive.

   He doesn't have to fight back. He doesn't feel cornered.

   This approach also prevents parents from giving foolish statement which might cause your child to further lose for authority.

7. Don't fight your teenager.

   Remember he is your own flesh and blood and needs you badly right now.

   Gather information from him.

Ask him where or from whom he is obtaining the drugs. Tell him you are not asking so that you can report the pusher (who may be his friend) but because you want to find out what the pusher is really selling.

It is useless to speak badly of the pusher in the presence of your teeager. He really doesn't care about the pusher. He usually just sees him to get the drugs. Threatening his source of supply will not cure the situation. He get it elsewhere.

8. Again TRY to be calm even if you are worried and nervous. Anger shouting and revenge will only make matters worse.

9. Important; Do not attack your teenager's friends who may also be using drugs. Remember right or wrong they are still his friends When you speak badly of them he feels offended and thinks he must defend them.

Don't "Put down" his friends. even if you dislike them. It is better to worry about your own child. Getting angry at other teenagers doesn't help your youngster.

10. When things eventually get better your child will drop these friends of his own free will. If he doesn't and you have to be firm with him. you should refuse to hit his friends. They will only defend him and soon you will be fighting not just your child but several other young people as well.

11. Remember that your child has one of more problems that you may not be aware of. Something may be wrong in his social relationships. his school or his family.

Drugs are usually escape mechanisms Like the alcoholic the drug abuser has a problem that he would rather not face.

If you feel that your teener rarely communicates with you it will be necessary to spend more time with him.

Remember. if you are too busy to be with your son then you're just too busy.

If he is having trouble in school find out if he is happy with his course. Many young people want to take courses their parents are not interested in. One reason for taking drugs is boredom.

12 You must have something in common with you child. To help bring young people back from the use of drugs it is necessary to start where they are and tolerate what they are doing Then you can help them find other things more worthwhile.

Don't expect young people to change their ways simply because they are making you uncomfortable. They will change only when they are convinced that another way is better than the one they are following.

13. If your youngster has uncontrollable behaviour. then you will find that the tensions in the family may become unbearable.

It may be necessary to get him out of the home land away from his brothers and sister for fear that he may influence them negatively.

Unfortunately the Philippines is very poorly equipped to handle the rehabilitation of drug abusers. Facilities are almost non-existent. And those that do exists are solely limited. Hospitals generally still confine drug abusers to psychiatric wards that are very expensive.

14. The family is therefore faced with a terrible situation. Many parents have spent heavily in unsuccessful attempts to cure drug abusers. Sending the teenagers to another town rarely helps much because he brings the problem along with him.

15. If things do not get better, the health of the mother or father ... or ... both begins to fail. Sleepless nights and continual worry make the mother nervous. The father has difficulty concentrating on his work because of the trouble at home.

They try desperately to find emergency solutions (hospitals, prisons). They rarely understand that there is no quick cure to drug addiction and drug dependence.

16. The situation may get so bad. that some parents feel they must sacrifice

the addict for the sake of the family. This usually marks the end of all hope for a successful cure.

17. Every parent of a drug abuser should worry about the very real possibility of younger brothers and sisters and relatives being contaminated. There have been numerous cases in the Philippines wherein brothers and sisters were hooked by their own flesh and blood.

18. Parents of a drug abuser may feel so hopeless and so guilty that they are often in need of consolation. They need to realise and be reassured that not all of their work with their children has been wrong and worthless.

19. When some parents discover that their child is on drugs they turn him over to the police. This may sometimes be done out of a sense of duty. But more often than not it is done to teach the youngster a lesson.

Parents hope that coming into contact with the police or spending a few hours in jail will strike fear into contact with the police or spending a few hours in jail will strike fear into the heart of their child. They believe that this unpleasant experience will cure the boy. It may or it may not.

In some cases, youngsters have become more defiant and rebellious because of the jail accident. Parents must study their child before deciding on such a course of action.

20. It is good to remember again at this time, that all forms of drug abuse are harmful. However, if your child is taking marijuana once in a while, he is not in a difficult situation as the heroin addict.

In certain cases the addict gets in deeper and deeper; stealing. lying, bad companions, sexual involvement ... things the parents thought their child could never do. Normal discipline becomes increasingly ineffective. The parents become panicky. They nag. They try to scare the addict. And, when they do they are frustrated by his excuse, rationalisations and alibis. He can no longer see the consequences. "I can control," he will say. He thinks his limited self-control makes drug use all right. But he fails to realise how many times he doest NOT control.

21. The family must learn that whole new kind of reasoning must be used to help a teenager to get rid of drugs.

One of the most frustrating jobs is working with drug abusers. The record shows that precious few cures of heroin addiction; for example, have been made and that most of these have been brought about by ex-addicts and by people who have had plenty of experience working with drug abusers

To cure an addict one must know how he thinks. And to do this one must be qualified. For this reason perhaps the most important piece of advice parents should follow is this:
Don't try to do it yourself
get an expert help.

Source: University of Philippines MEC Manual: Resource Materials on Drug Education - Manila, 1979, PP 67-69

APPENDIX T

Psycho-Social Factors Contributing to Drug Dependence

School Community

The interplay of a number of environmental factors in the school and the community also contribute to drug abuse. The following are among the factors considered by the Workshop participants in relation to the school-community:

a. Influence of mass media - The mass media such as the TV, newsprint magazines, etc., apparently have a powerful and lasting influence especially on the young. Attractive advertisements about cigarettes, alcohol, tea, coffee etc., have induced many youngsters to try these drugs.

b Influence/Pressure of peer groups The young individual can be pushed easily into the use of drugs by his need to be accepted by his "barkada" (peer group): and if his friends are aready using drugs, it is almost likely that he too, will take drugs.

c. Availability of drugs - There are now several drugs that are easily available in the community such as cough syrups, analgesics, rugby (a kind of glue used in shoe repair shops), petroleum distillates, and other chemical substances.

d. Unrealistic pupil-teacher ratio - Most often there are too many pupils in class whom a teacher can handle effectively. As a result the teacher usually cannot give enough of her time to every pupil. A pupil with a problem therefore, no longer can avail of his teacher's help when needed.

e. Impersonal pupil-teacher relationship - The teacher is often subject oriented and does not care about the feelings of her pupils. She is more interested on the lesson being completed as scheduled rather than on whether the pupil has successfully learned or not.

f. General permissiveness of society - Alcohol drinking and smoking are socially accepted. In entertaining friends, relatives and other people, alcoholic beverages and cigarettes are usually served. Moreover, society has become quite permissive and tolerant of people who take drugs.

g. Public apathy regarding drug abuse - Generally, society leaves the problems of drug abuse to the authorities and tend to be indifferent in taking an active and a direct action against it.

h. Lack of recreational facilities - There are very few recreational facilities available such as playgrounds, gymnasiums, parks, museums, libraries etc., which serve as worthwhile and meaningful avenues for chanelling the energies and interest of the young away from drugs.

i. Perceived irrelevance of school activities by both pupils and parents - Nowadays, pupils consider many school activities as boring. Parents also think that there are some things that are taught their children in school which are not practical and realistic such as drinking milk and eating eggs everyday, even when the family can't afford these foods; or taking a bath daily even when water supply is scare and not enough to meet basic needs at home.

SOURCE: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd.) Report, May 1982.

APPENDIX U

Guidelines for Values Level Teaching

1. Teacher is accepting and non-judgmental. He corrects facts. He gives his opinion but not the final answer. "That is an interesting viewpoint. These are my ideas. Does anyone have a different viewpoint? Is there anyone who wants to react to the one already stated?" Students here are able to respond honestly.

2. Teacher respects students who have no opinion on certain issues. He does not put students on the defensive.

3. Teacher encourages students who choose to participate to respond freely. Teacher asks clarifying questions as "What are your feelings? Are there some other alternatives? What are the consequences of your decision?"

4 Teacher is a good listener

5 Teacher avoids "yes" or "no" answer to questions; avoids "why" but asks "Do you have a reason? Have you considered other alternatives?"

6. Teacher asks social issues as well as individual concerns.

Ideally, teaching goes beyong the first level of teaching which is the fact-level and the second level (concept level) to include values clarification or valuing process at the third level or the values level.

SOURCE: Fonacier, J.B. Values Clarification as Applied to Preventive Drug Education. In: ASEAN Workshop on Curriculum Development in Preventive Drug Education (3rd) Report May 1982, pp96 - 102.